100th Congress
1st Session

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DEVELOPMENTS IN AGING: 1986—VOLUME 2—APPENDIXES

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 353, SEC. 19, MARCH 13, 1986

Resolution Authorizing a Study of the Problems
of the Aged and Aging

June 30, 1987.—Ordered to be reprinted

74-750

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LETTER OF TRANSMITTAL

U.S. Senate,
Special Committee on Aging,
Washington, DC, February 28, 1987.

Hon. George Bush,
President, U.S. Senate,
Washington, DC.

Dear Mr. President: Under authority of Senate Resolution 353, agreed to March 13, 1986, I am submitting to you the annual report of the U.S. Senate Special Committee on Aging, Developments in Aging: 1986, volume 2.

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committeee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." Senate Resolution 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

This report describes actions during 1986 by the Congress, the administration, and the U.S. Senate Special Committee on Aging which are significant to our Nation's older citizens. It also summarizes and analyses the Federal policies and programs that are of the most continuing importance for older persons, their families, and for those who hope to become older Americans in the future.

On behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

John Melcher, *Chairman.*

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100TH CONGRESS
1st Session

SENATE

REPORT 100-9
Volume 2

DEVELOPMENTS IN AGING: 1986

VOLUME 2—APPENDIXES

FEBRUARY 27, 1987.—Ordered to be printed

Mr. MELCHER, from the Special Committee on Aging, submitted the following

REPORT

APPENDIXES

APPENDIX 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

DECEMBER 1, 1986.

DEAR MR. CHAIRMAN: On behalf of the Federal Council on the Aging, I am pleased to submit a preliminary summary of the 1986 annual report.

This document highlights the various positions taken by the Council on a number of legislative and other issues concerning the well-being of the elderly. We are hopeful that the Council's view will be considered as the 100th Congress convenes.

We appreciate the continuing interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

INGRID C. AZVEDO, *Chairman*.

SUMMARY OF THE 1986 ANNUAL REPORT

I. INTRODUCTION

A. Background

The Federal Council on the Aging (FCA) is the functional successor to the earlier and smaller Advisory Council on Older Americans, which was created by the 1965 Older Americans Act. In 1973, when the FCA was created, Congress was concerned about Federal responsibility for the interests of older Americans, and the breadth of vision that such responsibility would reflect. Having decided to upgrade the existing advisory committee, Congress patterned the legislative language authorizing the FCA after the charter of the U.S. Commission on Civil Rights.

The FCA is authorized by Section 204 of the Older Americans Act, as amended. The Council is composed of 15 members appointed by the President and the Congress. Council members, who are appointed for 3-year terms, represent a cross-section of rural and urban older Americans, national organizations with an interest in aging, business and labor, and the general public. According to statute, at least five members must themselves be older individuals.

The President selects the Chairperson of the Council from the appointed members. The FCA is mandated to meet quarterly, and at the call of the Chairperson.

Functions of the Council include:

—Continually reviewing and evaluating Federal policies and programs affecting the aging for the purpose of appraising their value and their impact on the lives of older Americans;

—Serving as spokesperson on behalf of older Americans by making recommendations about Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them;

—Informing the public about the problems and needs of the aging by collecting and disseminating information, conducting or commissioning studies and publishing their results, and by issuing reports; and

—Providing public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating to those needs by holding public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

The Council is required by law to prepare an annual report for the President by March 31 of the ensuing year. Copies are distributed to Members of Congress, governmental and private agencies, institutions of higher education and individual citizens interested in FCA activities.

Funds appropriated for the Council are a line item in the overall appropriation of the Department of Health and Human Services (DHHS). These funds are used to underwrite meetings of the Council, to support staff, and publish information tracts authorized by the Council.

The results of its public meetings and activities concerning issues and policies affecting older Americans are shared with the President, Congress, the Secretary of DHHS, the Assistant Secretary for Human Development Services (HDS), the Commissioner of the Administration on Aging (AoA), and others interested in the well-being of older Americans.

B. Members of the Federal Council on the Aging

Ingrid C. Azvedo, Chairman of the Federal Council on the Aging, Elk Grove, CA.
Nelda L. Barton, President and Chairman of the Board, Health Systems Inc., Corbin, KY.
Oscar P. Bobbitt, Executive Director, Texas Department of Aging, Austin, TX.
Edna Bogosian, Principal Insurance Examiner, Division of Banking & Insurance, Commonwealth of Massachusetts, Boston, MA.
James N. Broder, Esquire, Curtis, Thaxter, Stevens, Broder, & Micoleau, Portland, ME.
Kathryn Dusenberry, Business Executive and Former Member of Pima County Board of Supervisors, Tucson, AZ.
D. Antonio Guglielmo, Owner and Manager, Penny-Henley and Howley Insurance Company, Stafford Springs, CT.
Jon B. Hunter, Director, Region VI Area Agency on Aging, Fairmont, W. VA.
Frances S. "Peg" Lamont, State Senator, Aberdeen, S.D.
Tessa Macaulay, Consumer Affairs, Florida Power & Light Company, Miami, FL.
Mary E. Majors, Private Citizen and Volunteer Programs, Cedar Falls, Iowa
Russell C. Mills, Ph.D., Long Term Care Gerontology Center, Mission Hills, KS.
Josephine K. Oblinger, State Representative, Governor's Office, Springfield, IL.
Edna "Bonny" Russell, Ed.D., Retired Director, Education & Training, San Jose State University, Atherton, CA.
Albert Lee Smith, Jr., Positive Maturity-Retired Senior Volunteer Program, Birmingham, AL.

C. Fiscal Year 1986 Meeting Dates

The Council met four times during the year, as required by the Older Americans Act. The meeting dates were November 19 and 20, February 25 and 26, May 28 and 29, and August 7 and 8. Three of the meetings were held in Washington, D.C. The November meeting was held in San Francisco, CA, in conjunction with the American Health Care Association (AHCA) Long Term Care Insurance Seminar.

All FCA meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations, staff of various Federal agencies, and to congressional Members and committees interested in or responsible for aging. Minutes are distributed to individuals who attended the meetings and to any interested parties who request them. Publications and documents pertinent to official actions are maintained in the Office of the Council and are available to the general public. The FCA mailing address is: Room 4243, HHS North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

D. Council Meetings Scheduled for Fiscal Year 1987

In calendar year 1986, the Council is tentatively scheduled to meet on November 19 and 20, February 18 and 19, May 13 and 14, and August 12 and 13.

II. ACTION OF THE FEDERAL COUNCIL ON THE AGING

A. Support for Caregivers of the Elderly

This major initiative of the Council saw most goals completed as the joint efforts with the Administration on Aging (AoA) to produce a Caregivers Guide resulted in a final draft of *Where To Turn For Help For Older Persons.* A guide for action on behalf of an older person being completed by the end of the fiscal year. This tract will be available to the private for-profit and nonprofit sectors of the economy to print and distribute at their expense but bearing their name, sig and message. FCoA members will be soliciting such sponsors in their regions of the country.

The Council also authorized a second printing of "The Working Person As A Caregiver" because of the great continued demand for this study.

So that FCoA might learn more about problems faced by the professional caregiver within the health care industry, the Council held a hearing on "Recruitment and Retention of Nursing Home Employees" during its November (1985) quarterly meeting.

The FCoA caregivers committee is now part of the FCoA Health Committee, where continued emphasis on the family prevails. This most important purveyor of "intergenerational transfers," as the perks of the family assistance are called, includes the so-called extended family of caregivers—such institutions as board and care homes, retirement communities, and intergenerational rental communities. All of these will create a new dimension to the meaning of family in the years to come. The caregiving of these units will be a subject of continuing study by the Council.

B. Housing

The Council continued its efforts to clarify and develop the possibilities of Home Equity Conversion (HEC) as a source of funding for such quality of life factors as Long Term Care Insurance, home maintenance and improvement as well as a straight supplemental income source.

As reported last year, counseling and guidance for elderly homeowners and their families continues to be the key factor in the judicious use of Home Equity Mortgages. Nagging tax and Social Security questions continue as factors in discouraging HEC instruments. The Council instructed staff to continue cooperating with the Administration on Aging, HUD, SSA, and AARP in working out those tax, income and counseling questions that continue to confuse the potential elderly mortgagors.

Funding housing projects that meet the needs of the nation's older cohort was the subject of a hearing held by the Council during its May 1986 meeting. This inquiry session chaired by member Broder heard a panel of housing and financial experts discuss the concept of nonprofit organizations merging their, heretofor parochially oriented, strengths into a corporate trust for the development and management of elderly housing.

The panelists included Rev. Clark Harshfield, Retirement Housing Foundation; Rev. John Glenn, National Church Residence; Martha Sachs, Cooperative Services, Inc.; William Kelly, Esq., Latham, Watkin & Hills; Jim Mingey, Intrust Technologies, Inc; and R. Hunter Cushing, Deputy Assistant Secretary of HUD, for Multi-Family Housing.

In a concluding statement, panelist, R. Hunter Cushing, Deputy Assistant Secretary of HUD for Multi-Family Housing, lauded the "nonprofit trust" concept and offered the technical support and advice of the Department of Housing and Urban Development.

C. Health

The FCoA Health Committee chaired in this fiscal year first by Edmund Dombrowski, M.D., and currently by Nelda Barton has established self directed and group health maintenance goals as its prime initiative.

The Council cleared an initiative requested by the Health Committee that surveyed 14 senior membership organizations as to the degree and method each promoted health maintenance among its members.

Detailed responses were received from 7 of the organizations. Two of the organizations were participating in a *Compendium of Health Promotion Related Initiatives for Older Americans* tract developed by AoA and U.S. PHS which is due for distribution early in fiscal year 1987.

The FCoA in its efforts to keep abreast of the trends and players involved in the resolution of long-term care expense and its effect on America's elderly, its staff paper *Health Care Study for Older Americans* will be distributed in early fiscal year 1987.

Long-Term Care Insurance holds promise to fill those breaches existing in Medicare and Medigap coverage though its developers, the insurance companies await administration and congressional action on prospective catastrophic illness legislation. FCoA will continue to monitor these developments and make recommendations as policies are formed that address the nation's most serious health issue.

D. FCoA Members Meet with Members of Congress Involved in Aging Legislation

So that the FCoA might have a closer working relationship with the legislative branch of government who since the OAA amendments of 1984 selects two-thirds of its membership, met in open session with key legislators and or their staffs in Room S 224 of the Capitol during a morning session of its August quarterly meeting. In the three-hour allotted time, FCoA members discussed a wide variety of aging issues with Senators Grassley, Weicker, Heinz, Pressler, Simpson; Representatives Michel, Biaggi, Wright, Snow, and/or their staffs.

FCoA members have instructed staff to schedule at least one such meeting each year in the future as the interaction and exchange of information appeared helpful to all parties.

E. FCoA Hearing of Native Americans Concerns for Tribal Elders

During its February quarterly meeting the Council sat as a Committee of the Whole with the Minorities Committee to hear the presentation of a Task Force of Native Americans advocates who delivered 43 pages of testimony before the Council. Tribal task force members included: Gerri Norton, Director of Social Programs for the Chickasaw Nation of Oklahoma; Curtis Cook, Executive Director of the National Indian Council on Aging; Preston Keevama, Chairman of the New Mexico Indian Council on Aging; Eileen Lujan, Director of Eight Northern Pueblos Title VI Programs; Elizabeth White of the Yakima Nation in Washington; Paul Stabler, Planner, Tulsa, Oklahoma Area Agency on Aging; and Cora Gomez and Frances Nuno of Jicarilla Apache Title VI Program in Dulce, New Mexico.

The thrust of this Task Force presentation was multi-faceted and dealt with tribal leadership and how it is delegated by tribal elders; interagency cooperation regarding Indian programs; funding needs of Title VI and how it interacts with Title III; decisionmaking at AoA regarding tribal matters; and better targeting of funds to tribal elders at the local level.

Following these pronouncements by task force members, a period of Q & A further delineated details within these major subject areas.

The Council agreed to reflect these native Americans concerns in their presentation to the Administration and Congress when it submits its recommendations for the 1987 Reauthorization of the Older Americans Act.

F. Reauthorization of Older Americans Act

During its August meeting the OAA Reauthorization Committee convened under the Chairmanship of Kathryn Dusenberry and agreed on a list of current issues which the Council believed might call for changes in the Older Americans Act.

The Council intends to make a firm list of proposed amendments during its November meeting which it will submit to the President and congressional leaders prior to the convening of the 100th Congress in 1987.

The list of issues decided on in August and delivered before the Senate Labor Subcommittee on Aging on August 12, 1986, were as follows: Extend the reauthorization period to 5 years; achieve better targeting to vulnerable elderly; facilitate the brokering role of the aging network; achieve a better blending of both Title III and Title VI for native Americans; further accent OAA language accenting most current demography; simplify Title IV language; update OAA ombudsman language; clarify position of For-Profit organizations in the Act; recognize intergenerational dependency; a firm definition of the word adequate as used in the OAA: firm language stating full time job of area agency directors; and a statement urging Congress to go slow in funding a repeat of a 1981 style and type of aging conference.

G. Foundations Committee

This project committee chaired by Oscar P. Babbitt was created by the Council to investigate the phenomenon of local foundations and/or trusts that serve as funding sources for the acquisition building, equipping and maintenance of local community senior centers.

Using a Texas Senior Center funding initiative known as Operation Bootstrap as a prototype, the Council instructed staff at the August meeting to send information concerning the experience, necessary format and legal technicalities, used in this successful effort, to all State Agencies on Aging.

It was the desire of the Council to share this program scenario with all the States so that they might use the proven materials should they want to start similar Foundation programs.

By the end of fiscal year staff had received responses from 45 States of which 32 were favorable.

III. FUTURE DEVELOPMENT

A. Health Caregivers Committee

The ongoing concerns for the problems of long-term care within the aging community persists as a study area. However, the Council is also intent on learning more about the Nation's activities in the fields of health promotion and health maintenance especially as they are manifested at the community level.

B. Housing Committee

As begun this year, the Committee will continue to study Home Equity Conversion. The area of comunal living may well call for future study as life care and retirement communities proliferate in parts of the United States.

C. Minorities Committee

The Committee on Minorities will continue its initiatives dealing with native American elders while it takes a closer look at ethnic participation in Older Americans Act programs within both the rural and urban community settings.

D. OAA Reauthorization Committee

Older Americans Act Reauthorization Committee expects to prepare and submit recommendations to the Administration and Congress for the 1987 Reauthorization of the OAA. The entire Council will participate in this process as they bring their regional interests, contact experience, and personal expertise to the consensus making decisions.

E. Foundations Committee

This single project committee will make a final report on its survey of all State Agencies on Aging concerning the development of funding foundations within communities nationwide at a meeting early in fiscal year 1987.

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

DECEMBER 23, 1986.

DEAR MR. CHAIRMAN: I am pleased to forward the annual reports of the U.S. Department of Agriculture (USDA) agencies detailing their programs and activities which substantively impact upon Older Americans.

Enclosed are reports from the following USDA agencies:

1. Food Safety and Inspection Service.
2. Agricultural Research Service.
3. Economic Research Service.
4. Extension Service and State Cooperative Extension Service.
5. Forest Service.

The remaining USDA agencies do not have programs or activities which specifically focused on the target clientele of Older Americans. However, all USDA services are required to provide effective service delivery to Older American needs.

As in previous years, you will be pleased to note that USDA continues to operate a large number of programs and activities which are designed to improve the quality of life for this most important group of citizens.

Sincerely,

WILLIAM J. RILEY,
(for JOHN J. FRANKE, Jr.,
Assistant Secretary for Administration.)

Enclosure.

FOOD SAFETY AND INSPECTION SERVICE

REACHING OLDER AMERICANS WITH FOOD SAFETY INFORMATION

The Food Safety and Inspection Service (FSIS) recognizes the importance of reaching older Americans with food safety information because of their increased risk of illness from food-borne disease.

Fiscal Year 1986 Accomplishments

Working with the White House Office on Aging, posters describing the new, toll-free Meat and Poultry Hotline were distributed to each state Office on Aging. The Meat and Poultry Hotline provides food safety information to callers.

A public service advertisement about the hotline distributed by FSIS appeared in the magazine Modern Maturity. As a result of the number of calls the ad generated, the magazine is preparing an article on food safety.

Fiscal Year 1987 Initiatives

FSIS is developing an education program for institutional food service workers. One of the first target groups to receive information about the program will be nursing homes. Nursing homes were identified as a priority because of the danger its patients would face should there be a large-scale food-borne illness outbreak.

AGRICULTURAL RESEARCH SERVICE

Studies are performed at the USDA Human Nutrition Research Center on Aging (HNRCA) at Tufts University, Boston, Massachusetts, which address the following:

What are the nutrient requirements necessary to obtain optimal function and well being for a maturing population?

How does nutrition influence the progressive loss of tissue function with aging?

What is the role of nutrition in the genesis of major chronic, degenerative conditions associated with the aging process?

In addition, studies are conducted at the Beltsville Human Nutrition Research Center (BHNRC) and the Grand Forks Human Nutrition Research Center (GFHNRC) on the role of nutrition in the maintenance of health and prevention of age related conditions, including cancer, coronary heart disease, and diabetes.

A list of projects related to nutrition of the elderly is attached.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
H. Munro	HNRCA	New Methods for Assessing Protein Requirements	01/10/84-30/09/87	$ 117,803

Abstract: The response of endocrine factors, notably the somatomedins, to various levels of dietary protein are being tested as a criteria of nutrient adequacy. Normal increases in somatomedin-C in plasma during the puberty growth spurt are greatly attenuated in adolescents by severe calorie-protein malnutrition. The Boston elderly population shows no evidence of insufficient protein intake.

H. Munro	HNRCA	Impact of Nutrition on Cell Programming and Regulation During Aging	01/10/84-30/09/89	306,150

Abstract: Peroxidation of tissue components appears to increase as iron accumulates in aging, especially iron in the unbound form. The control mechanisms of the iron genome during aging and its relationship to iron accumulation is being studied.

D. Therriault	HNRCA	Nutrition & Age-Related Changes in Body Function--Sub-Umbrella Project	01/10/84-30/09/89	3,441,426
W. Evans	HNRCA	Relation Between Aging Functional Capacity, Body Composition & Nutrient Needs	01/10/84-30/09/87	

Abstract: This research explores the interaction between nutrition, exercise and aging on nutritional needs and functional capacity of the elderly. Protein requirements for physically active men are higher than the Recommended Dietary Allowance (RDA). Exercise increases muscle size and strength in the elderly, and increases protein turnover.

B. Gilcrest	HNRCA	Nutrition & Aging in Skin-Derived Cells	01/10/84-30/09/87	

Abstract: A system for in vitro cultivation of human epidermal cells has been developed. Ultra violet irradiation has a direct effort on melanogenesis, which appears to be age related. The work is directed to the possible role of nutrients in modifying the age-related injuries to the skin.

J. Blumberg	HNRCA	Role of Nutrition & Free Radical Reactions in Age & Drug-Associated Changes	01/10/84-30/09/87	

Abstract: Vitamin E supplementation increased in vivo and in vitro immune response of aged mice to levels comparable to those in young mice. Mice fed fish oil have significantly less plasma, liver and kidney tocopherol levels than mice fed corn oil or coconut. Factors which affect in vitro peroxidation are being studied.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
R. Russell	HNRCA	Role of Micronutrients on Neuropsycholgoical Function Throughout the Life Cycle	01/10/84-30/09/87	

Abstract: Protein synthesis was found to be reduced in a zinc deficiency in the rat. Zinc deficiency in dams during the third trimester of gestation and the nursing period has been shown to adversely affect memory behavior in rats during adulthood.

D. Therriault	HNRCA	Role of Nutrition in Retarding Onset of Disorders Associated With Aging--Sub-Umbrella Project	01/10/84-30/09/89	$4,560,165
Ernst Schaefer		Lipoproteins, Nutrition & Aging	01/10/84-30/09/87	

Abstract: Studies are directed to the effect of fatty acids and other dietary factors on lipid metabolism as related to aging. A specific Apo A-1 gene polymorphism has been found in 4% of normals, 32% of coronary artery disease patients and 66% of patients with genetic HDL cholesterol deficiency.

Peter Libby	HNRCA	Nutrition, Aging & Cariovascular Metabolism & Function	01/10/84-30/09/84	

Abstract: This project is directed at interactions of cardiovascular cells with nutrients and factors influenced by diet. Human vascular endothelial cells express genes for platelet-derived growth factor in a regulated manner, while genes for the immunoregulatory and inflammatory mediator Interleukin-1 are expressed in an inducible manner.

Bess Dawson-Hughes	HNRCA	Role of Nutritional Factors in Preventing Age-Related Loss of Bone Density	01/10/84-30/09/87	

Abstract: A placebo-controlled, double-blind calcium supplement field trial is underway, in which 360 healthy postmenopausal women will be studied for 5 years to determine the level of dietary calcium required to minimize bone loss and maintain normal blood pressure over a long period. Fractional net calcium absorption increases in elderly women when the level of calcium intake is decreased.

A. Taylor	HNRCA	Effects of Nutrition & Aging on Eye Lens Proteins & Protease	01/10/84-30/09/87	

Abstract: Antioxidants (vitamin C) have been found to reduce the oxidation of lens proteins in the eye associated with their aggregation and eventual precipitation from the lens in the form of eye lens cataracts. Moreover, guinea pigs fed high vitamin C containing diets had higher levels of vitamin C in their lens and were more resistant to photoirradiation damage.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
S. Hartz	HNRCA	Nutrition Epidemiology & Aging	01/10/84-30/09/87	

Abstract: Epidemiological studies are designed to identify the determinants of nutritional status in the elderly and to relate nutritional status to health and well-being. A nutritional status survey involving 1,016 free living and institutionalized subjects has been completed. Nutritional supplements were being used by 45% of the males and 55% of the females. Considering nutrients from diet alone, more than 15% of the subjects between 60 and 98 years of age have intakes less than 2/3 the RDA for vitamins A, D, B-6, B-12, folacin, calcium and zinc.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
D. Therriault	HNRCA	Nutritional Needs of the Elderly--Sub-Umbrella Project	01/10/84-30/09/89	2,738,308
M. Holick J. Sadowski	HNRCA	Micro-Nutrient Requirements of the Elderly	01/12/84-30/09/88	

Abstract: Studies are being done on the dietary requirements of the elderly for vitamin D and K. Aging has been found to decrease the capacity of human skin to produce vitamin D-3 from its precursor, cholesterol. In Boston, exposure to sunlight during November through March does not result in the cutaneous production of vitamin D-3, while exposure during the remaining months does. Elevated levels of abnormal prothrombin indicates that vitamin K status may be inadequate in a significant number of the elderly.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
R. Russell	HNRCA	Macro-Nutrient Requirements of the Elderly	01/12/84-30/09/88	

Abstract: Atrophic gastritis occurs in 20% or more of the elderly. This results in reduced absorption in the stomach, increase in pH of the upper small intestine and microbiological overgrowth.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
R. Russell	HNRCA	Bioavailability of Nutrients in the Elderly	01/06/85-30/09/86	

Abstract: Folate and vitamin B-12 absorption in the stomach is reduced in the elderly with atrophic gastritis, especially when anti-microbial agents are administered.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
S. J. Bhathena	BHNRC	Dietary Regulation of Receptors of Hormones Involved in Carbohydrate and Lipid Metabolism	31/08/83-31/08/88	106,827

Abstract: Studies on the effects of dietary carbohydrates on tissue receptors of hormones such as insulin are performed in experimental animals and humans. The role of opiates as related to appetite in obesity will be investigated.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
K. M. Behall	BHNRC	Metabolic Responses to Branched & Straight Chainpolysaccharides in Humans	02/01/86-01/06/87	

Abstract: Studies are done on the effects of chemically-defined dietary fiber on metabolic and physiological processes associated with heart disease, diabetes, bowl function and mineral balance in humans. These studies include interactions between oral contraceptives and dietary carbohydrates.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
S. Reiser	BHNRC	Effect of Dietary Fructose on Lipogenesis, Glucosetolerance & the Bioavailability of Trace Minerals	01/10/85-30/09/90	190,326

Abstract: This involves studies of the effects of different dietary carbohydrates on metabolic risk factors associated with diseases, including diabetes and coronary heart disease, in experimental animals and humans. This includes metabolic characterization of carbohydrate sensitive persons and interactions between carbohydrates and other nutrients.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
O. E. Michaelis	BHNRC	Carbohydrate & Age Effects on Glucose Tolerance & Lipogenesis in Carbohydrate-Sensitive Models	01/04/86-31/03/89	77,731

Abstract: The effects of feeding various carbohydrates to experimental animals with specific genetic predisposition toward obesity, hypertension, glucose intolerance and how genetics interacts to produce metabolic defects are under study.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
D. L. Trout	BHNRC	Effects of Diet & Eating Patterns on Gastric Emptying, Rate-Controlling Step for Absorption	01/04/86-31/09/89	103,738

Abstract: Studies are directed to determine the gastrointestinal responses to dietary carbohydrates, including the effects of carbohydrates on gastric emptying, digestion, absorption, and secretion of gastrointestinal hormones.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
P. P. Nair	BHNRC	Dietary Fat & Steroid Metabolism in Relation to Cancer Risk in Healthy Adults	23/07/84-30/09/89	$ 478,351
P. P. Nair	BHNRC	Relation Between Nutrition, Aging & Mutagenicity	26/09/85-30/09/87	
P. P. Nair	BHNRC	Relationship to Cancer Risk in Healthy Adults of Dietary Fat & Steroid Metabolism	01/10/85-30/09/87	

Abstract: This involves research on dietary lipids and their influence on human health, especially as related to the prevention of cancer, and the role of nutrition in delaying the process of aging with special reference to the susceptibility of carcinogenesis. Also, the relationship of dietary fat and other nutrients to age-related disorders as reflected by changes in sterol and bile acid metabolism, fecal mutagenesis and glutathione sulfatransferase.

F. Lazicki	BHNRC	Longitudinal Studies of the Relationship Between Diet & the Develop. of Osteoporosis in Adult Women	27/09/82-27/09/87	181,170

Abstract: This work includes the assessment of bone status, whole body composition (calcium, phosphorus, nitrogen, sodium, chloride, potassium and water) and balance in relation to self-selected dietary habits of premenopausal and menopausal women.

O. A. Levander	BHNRC	Role of Selenium and Vitamin E in Human Nutrition	26/04/82-26/04/87	126,826
O. A. Levander	BHNRC	A Further Epidemiological Survey of Human Selenium Toxicity in a Seleniferous Area in China	01/10/85-31/03/87	

Abstract: These include studies on the functions and biochemical mode of action of selenium and vitamin E and their interrelationships. Studies on bioavailability of food sources, physiological needs under varying conditions, and methods of assessing nutritional status are involved.

Investigator	Institution	Title of Project	Project Period	Funding Level FY 1986
R. A. Anderson	BHNRC	Bioavailability & Function of Chromium	15/02/85-15/02/90	$ 108,325

Abstract: Research is conducted on the effects of marginal or deficient intakes of chromium on carbohydrate metabolism and human performance. Adequate chromium intake is associated with a decrease in diabetes and cardiovascular disease.

L. M. Klevay	GFHNRC	Cardiovascular Growth, Metabolism & Function: Effects of Copper, Trace Elements & Modifying Factors	03/03/86-02/03/91	256,833

Abstract: This study is on the effects of copper deprivation on metabolic pathways and the cardiovascular system. Copper deficiency produces coronary heart disease in rats.

TOTAL $12,793,979

ECONOMIC RESEARCH SERVICE

Major Activities Related to Older Americans Completed in Fiscal Year 1986 or Planned for Fiscal Year 1987:

RESEARCH

(1) "Rural Elderly & Demographic Perspective," by Nina Glasgow & Calvin Beale, Economists in ERS. Published in *Rural Development Perspectives,* October, 1985 issue.

(2) Book review of "The Elderly and Rural Society," by Nina Glasgow, Economist in ERS. Published in *Rural Development Perspectives,* February, 1986 issue.

(3) "Older Rural Americans, Their Salient Social, Demographic, and Economic Characteristics, by Nina Glasgow, Economist in ERS. To be published in 1987 in the *Rural Development Research Report,* an Economic Research Service publication.

(4) "The Age and Sex Composition of Rural Population," by Dave Brown, Economist in ERS. One chapter of a book entitled *The Population of Rural and Small Town America,* to be published in 1987 by the Russell Sage Foundation.

MEMBERSHIP ON FEDERAL COMMITTEE

Nina Glasgow—Interagency Committee on Aging.

Annual funding level during Fiscal Year 1986 and Fiscal Year 1987 for research and other activities related to Older Americans: $50.00.

EXTENSION SERVICE AND STATE COOPERATIVE EXTENSION SERVICES

The Extension Service operates on a 4-year planning reporting cycle (Fiscal Year 1984-87) with annual updates. There are no major changes in programs or policies in regard to older citizens. Attached are descriptions of some major Cooperative Extension Service educational activities relative to older citizens.

IA24—Iowa Aging and Intergenerational Relationships—plan, 86 report, 85 report.
ME31—Senior Community Service Project (Maine)—plan, 86 report, 85 report.
ME40—Senior Companion Program in Maine—plan, 86 report, 85 report.
MS222—Integenerational Relations (Mississippi 1890)—plan, 86 report.
OK102—Oklahoma Family Strengths: Intergenerational relations—plan, 86 report.
WA54—Washington State Family Roles, Relationships, and Support Systems—plan, 86 report.
IL65—Growing Older in Rural America: A Pre-Retirement Planning Program for Illinois Farm Couples—plan, 85 report.
MD05—Maryland Energy: Cold and Heat Stress Management—plan, 85 report.
MD59—Intergenerational Families—Maryland—plan, 85 report.
MO109—Aging Families in Retirement—Missouri—plan, 85 report.
MS179—Gerontology Program Mississippi—plan, 85 report.

STATE PLAN OF WORK EVALUATION PLANS—IOWA 091386

IA24—IOWA AGING AND INTERGENERATIONAL RELATIONSHIPS

Situation

As Iowa's older population continues to increase, programs and services for older Iowans will become strained due to increasing demands. Communities will need to be creataive in finding ways to stretch scarce resources. Service providers, including those providing education to elders, need to recognize and encourage social contributions of the elderly. Persons of all ages need to understand the challenges and benefits of integerational interaction. There are a variety of family and community activities which can increase intergenerational relations. Intergenerational relations among farm families can be especially stressful.

Objectives

Families will understand the challenges and benefits created by 3 and 4-generation families. Families will increase their understanding of growth and change of individual over the life cycle and the effects on intergenerational understanding. Individuals, families and service providers will better understand the aging process and develop skills to enhance the quality of life for older adults.

Plan of action

1985-87—Meetings for extension staff, caregivers, and other interested persons on social, emotional, physical changes occurring with aging, and on aging family dynamics. Develop materials and conduct workshops on leisure and art activities for use in senior centers and nursing homes. Art appreciation activities for a variety of audiences. So Long We Live program used in 4-H groups and in schools. Music activities for older adults.

Evaluation

1985—Survey of those participating "So Long We Lives". 1986-87—Evaluate 4-H intergenerational program.

Contact

Diane Flynn, Assistant State Leader, Home Economics Programs, B-Curtiss Hall, Iowa State University, Ames, Iowa 50011; (F515) 294-6616.

Keywords

IA24, Iowa, 1984-87, home economics, 4-H and Youth, Family Strengths, coping skills, decision making; recreation, arts and crafts, personal development, intergenerational, nursing home care providers, middle-age children of aging parent, youth including 4-H; professionals, workshops, committee work, pilot program, conferences, newspaper series, special materials, publications, research.

Estimated impacts

Persons trained: 4 sites/year will hold workshop conference, 400/year

Skills shared: 30 counties over 4 yrs. Will have youth/older adult program effort.

Decision making and communication: 1200 program participants will improved identify 1 conflict resolved Interagency cooperation 30 counties will cooperate with an aging agency on 1 program during 1-year period.

Estimated FTE

	Prof	Para	Vol
1984	5.6	0.3	
1985	5.2	0.0	
1986	5.5	0.0	
1987	5.8	0.0	

Reporting plans

	Accom	St Impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St: 100; In Prog: 61.

Narrative Accomplishment Report—1986—Iowa 091386

IA24—AGING AND INTERGENERATIONAL RELATIONSHIPS IOWA

Situation

According to 1980 census, Iowa ranks 5th in percent of population 65 and older. The demand for information, programs, and services increases. It is especially critical that caregivers of elderly be given support so they can anticipate problems and/or deal with problems of elderly in an expedient manner. It is necessary that family members, professionals and paraprofessionals understand the needs and challenges created by multi-generation families.

Objectives

Family members, professionals and paraprofessionals who work with elderly and their families to increase their understanding of the growth and change that occurs over the life cycle, especially as it affects intergenerational relations, increase their awareness of community support services needed and available to support elderly and their families, and to understand the importance of interaction among intergenerational family members.

Accomplishment

3.38 staff years expended. Eleven workshops on aging concerns, financial concerns in later life, presentation at Governor's Conference on recreation, newsletters, reached 695. Special programs involving 20 senior volunteers in working with grades 4, 5, 6, and 7 to contribute to development of children as they learn about stages of the life cycle and to share knowledge and skills of one generation with another held in one area. Mesquakie Indian taught Indian culture and beadwork, Black woman reviewed her family history, and early crafts were demonstrated. Over 600 young people reached from 9 schools. "Edith and Henry" slide tape available in one area for self study at Extension office. Specially developed musical activities for older adults demonstrated at 26 senior citizens for 1,470 senior citizens. Volunteers from original music groups assisted with teaching.

Evaluation

In 6 month follow up evaluations, 225 participants indicated workshops were useful, 162 were using information with patients/clients, family members, 183 said job effectiveness improved. Follow up from gerontology workshops indicated workshops helpful in increasing understanding and identifying resources. Participants in folk instrument ensemble make quality instruments for sale. All teachers/youth and volunteers expressed satisfaction with program and want it continued.

Future

Reduced resources to meet needs of aging population make interagency cooperation and educational programs imperative.

Contact

Virginia Molgaard, Family Environment Extension Specialist, 168 LeBaron Hall, Iowa State University, Ames, IA 50011 (515) 294-6568.

Keywords

IA24, Iowa, 1986, home economics, aging and intergenerational relations, financial concerns, leisure, life cycle, youth, elderly, caregivers of elderly, workshops, classroom presentations, slide-tapes.

Quantified impacts

Knowledge gained: 225 participants.
Knowledge applied: 162 participants.
Job effectiveness improved: 183 participants.

Expended FTE

	Prof	Para	Vol
1984			
1985			
1986	3.38		
1987			

Scope

Co. in St: 100; In Rept: 54; Other.

Narrative Accomplishment Report—Iowa 020886

IA24—IOWA AGING AND INTERGENERATIONAL RELATIONSHIPS

Situation

Iowa's older population continues to increase due to increased longevity, so does the demand for information, programs, and services by persons of all ages. Public and private resources must be shared by all groups. It is necessary for family members, professionals, and para-professionals to appreciate and understand the needs and challenges created by three and four generation families.

Objectives

(1) To increase understanding of growth and change that occurs over the life cycle, especially as it affects intergenerational relations;

(2) Support and encourage interaction among intergenerational relations;

(3) Provide information to develop skills related to resolving intergenerational conflict;

(4) Increase awareness of community support services for elderly and their families. These program objectives are for family members of all ages, professionals, para-professionals and other community members who work with elderly and their families.

Resources

3.75 staff years expended. Cooperation among community and state agencies and other educational providers was widespread. The ISU Gerontology Program contributed faculty and graduate students for workshops. Video-material on the activities of musical group of older adults was used. Another video of music for older adults was made available. Art appreciation material in the form of two slide sets was developed and targeted toward an aging audience.

Activities

Ten (10) major gerontology workshops were held across the state. Foci were: current aging concerns, wellness and the aged, alternatives for coping with increased awareness of community impact and increased elderly population, housing choices for the aged, community resources available to adult children that could help their family; quality intergenerational relationships; in addition, programming to help in financial planning and meeting medical costs was an important focus.

Home economists and area specialists provided in-service assistance for nursing home staff. Music materials have been especially prepared for older adults. A shared interest in skills brought elderly and 4-H clubs together in another effort. Newsletters, T.V., radio, and learning packets also carried information about aging.

Accomplishments

Attendance at the 10 workshops was over 800 people. Participation in the other activities was over 2,000 and at least 6,000 viewers saw TV show which focused on aging.

Evaluation

Participants responded to an end-of-meeting evaluation. 235 of the respondents were satisfied with the workshops and 170 were very satisfied. In another aging conference held in three locations, 103 of 108 participants indicted they strongly agreed the conference had been useful to them.

Future

There is a continuing need to provide gerontological information about the needs of older Iowans and to help those serving in support capacities to increase their skills in care giving.

Contact

Ruth I. Harmelink, Extension Specialist, Family Environment, (Individual and Family), 170 LeBaron Hall, Iowa State University, Ames, Iowa 50011, 515/294-6568.

Keywords

IA24, Iowa, 1934-87, home economics, family Strengths-Intergenerational and Aging: aging, coping skills, mental health housing, financial planning, intergenerational relations, decision making, personal development, wellness, adults, edlerly, families, care givers, non-extension professionals, para-professionals, community leaders—4-H and youth, workshops, meetings, newsletters, publications, newspapers, T.V., radio, video material.

Quantified impacts

Useful information gained: 400 persons.

Increased awarness of problems of elderly: 6,000 TV viewers.

Expended FTE

	Prof	Para	Vol
1984			
1985	3.75	0.13	
1986			
1987			

Scope

Co in St: 100; In Rept: 59; Other.

STATE PLAN OF WORK AND EVALUATION PLAN—MAINE 090986

ME31—SENIOR COMMUNITY SERVICE PROJECT (MAINE)

Situation

Of the 1,122,330 people in the State of Maine, 248,295 or slightly over 22% are 55 years of age or older. Of that number, 35,064 would be considered poor according to federal poverty level guidelines (based on 1980 census figures). Older workers face multiple handicaps in obtaining employment. Employers tend to perceive older workers as less desirable due to misconceptions regarding changes of aging. Other misconceptions relate low income status to low educational levels and ignorance. Finally, given that Maine is a primarily rural state, jobs are scarce and competition for them is keen.

Objectives

(1) Income eligible persons 55 and older will be enrolled in the Senior Community Service Project and assisted in obtaining part-time work in not-for-profit worksites.

(2) Not-for-profit worksites will be recruited to provide SCSP enrollees with training in transferable job skills.

(3) Enrollees will be trained in job-seeking skills, and will be encouraged to move out of the program into unsubsidized employment.

Plan of action

(1) The Project Coordinator, consulting with the Project Administrator, will administer the project on an on-going basis and will supervise the paraprofessional staff of four Project Aides and four Project Trainers.

(2) The Project Aides will recruit enrollees and worksites and act as liaisons between the Coordinator, worksites, and enrollees.

(3) The Project Trainers will train enrollees in job seeking skills.

Evaluation

(1) Project Trainers and Project Aides will meet with the Project Coordinator bimonthly (Trainers alternating with Aides) for on-going supervision and program evaluation.

(2) Annual goals set by the contractor, National Council on the Aging, for number of enrollees and number of unsubsidized placements will be met.

Contact

Rita M. Gerke, Human Development Specialist (Aging), Extension Family Living Office, The Greenhouse, University of Maine, Orono, ME 04469; (207) 581-3104

Keywords

ME31, Maine, 1984, 1985, 1986, 1987, home economics, training, employment, special training and employment needs of older workers, elderly, low income persons, community services providers, recruitment, training workshops, training conferences, SCSP administration.

Estimated impacts

Skills learned: 286 older workers

Skills improved: 286 older workers

Multi-agency cooperation enhanced: 127 agencies involved

Levels of community service maintained and/or increased: 286 community service jobs filled

Estimated FTE

	Prof	Para	Vol
1984	.5	5.4	
1985	.5	5.4	
1986	.5	5.4	
1987	.5	5.4	

Reporting plans

	Accom	St Impac
1984		
1985		
1986		
1987		

Scope

Co in St: 16; In Prog: 16.

NARRATIVE ACCOMPLISHMENT REPORT—1986—MAINE 190986

ME31—SENIOR COMMUNITY SERVICE PROJECT (MAINE)

Situation

Of the 1,122,330 people in the state of Maine, 248,295 or slightly over 22% are 55 years of age or older. Of that number, 35,064 would be considered poor according to federal proverty-level guidelines (based on 1980 Census figures). Older workers face special difficulties in obtaining employment. Employers tend to perceive older workers as less desirable due to misconceptions about the aging process. Other misconceptions relate low income to low educational levels and little potential to achieve. Finally, given that Maine is primarily a rural state, jobs are scarce and competition for them keen.

Objective

(1) Income-eligible persons 55 or older will be enrolled in the Senior Community Service Project (SCSP) and helped to obtain part-time work at not-for-profit worksites.

(2) Not-for-profit worksites will be considered to provide SCSP enrollees with transferrable work skills, which will enable them to hold jobs or become self-employed.

(3) Enrollees will be trained in job-seeking skills and encouraged to move out of the program into subsidized employment.

Resources

MCES faculty members, professional staff, and paraprofessionals.

Accomplishments

(1) The Project Coordinator, consulting with the Project Administrator, will administer the project and supervise one professional Field Service Coordinator and ten paraprofessional counselors.

(2) The counselors, working in the areas of job development, training, and overall support, will recruit enrollees and worksites and act as liaisons between the Project Coordinator, the Field Service Coordinator, worksites, and enrollees.

(3) The Field Service Coordinator will help the counselors carry out their duties and serve as a liaison between the Project Coordinator, counselors, and enrollees.

Evaluation

The Field Service Coordinator and counselors meet with the Project Coordinator every six months for supervision and evaluation. Annual goals for unsubsidized placements, set by the contractor, the National Council of the Aging, have been met.

Contact

Torry Dickinson, Human Development Specialist, Aging, Roger Clapp Greehouse, University of Maine, Orono, Maine 04469; (207) 581-3104.

Electronic Mail ID # AGS1050.

Keywords

ME31, Maine, 1984, 1985, 1986, 1987, home economics, training employment, special training and employment needs of older workers, elderly, low-income persons, community-services providers, recruitment, training workshops, training conferences, SCSP administration.

Quantified impacts

Skills learned: 255 older workers.

Skills Improved: 255 older workers.

Multiagency Cooperation Enhanced: 162 agencies involved.

Levels of Community Service Maintained and/or Increased: 255 community service jobs filled.

Expended FTE

	Prof	Para	Vol
1984	.5	5.4	
1985	.5	5.4	
1986	1.5	6.3	
1987			

Scope

Co in St: 16; In Prog: 16.

NARRATIVE ACCOMPLISHMENT REPORTS—MAINE 020486

ME31—SENIOR COMMUNITY SERVICE PROJECT (MAINE)

Situation

Of the 1,122,330 people in Maine, 248,295 or slightly over 22% are 55 years of age or older. Of that number 35,064 would be considered poor according to federal guidelines (based on 1980 Census). Older workers face multiple handicaps in obtaining employment. Employers tend to perceive older workers as less desirable due to misconceptions regarding changes in aging. Other misconceptions relate low-income status to low educational levels and ignorance. Finally, in part because Maine is primarily rural, jobs are scarce and competition for them keen.

Objectives

(1) Income-eligible persons 55 and older to enroll in the Senior Community Service Project and receive help in obtaining part-time work in not-for-profit worksites.

(2) Not-for-profit worksites to be recruited to provide SCSP enrollees with training in transferable job skills.

(3) Enrollees to be trained in job-seeking skills and encouraged to move out of the program into unsubsidized employment.

Accomplishment

(1) Project coordinator in consultation with the project administrator and advisory board administered the project on an ongoing basis and supervised a para-professional staff of four worksite project aides. The aides were increased to seven and the number of trainers was increased from one to three.

(2) Project aides recruited enrollees and worksites and acted as liaisons between the coordinator, worksites, and 219 enrollees.

(3) Project trainers trained 35 enrollees in job-seeking skills through five job clubs.

Evaluation

(1) Project trainers and worksite project aides meet with the Project Coordinator bimonthly for supervision and program evaluation.

(2) Annual goals set by the contractor, National Council on Aging, for number of enrollees and number of unsubsidized placements were met in FY 84 and for the number of enrollees in FY 85.

(3) Growth of enrollees in skills learned and/or improved assessed by worksite project aides.

Contact

Torry Dickinson, Human Development Specialist—Aging, Family Living Office, The Roger Clapp Greenhouse, University of Maine at Orono, Orono, ME 04469; 207-581-3104.

Keywords

ME31, Maine, 1984, 1985, 1986, 1987, Home Economics, Training, employment, Special training and employment needs of older workers, Elderly, low-income persons, community service providers, Recruitment, training workshops, training conferences, SCSP administration.

Quantified impacts

Skills learned: 219 older workers.
Skills improved: 219 older workers.
Multi-agency cooperation enhanced: 131 agencies involved.
Levels of community service maintained and/or increased: 219 community service jobs filled.
Number obtaining jobs (unsubsidized placements): 47 older workers.

Expended FTE

	Prof	Para	Vol
1984	.5	5.4	
1985			
1986			
1987			

Volunteer

	Pers	Dollar
1984	.5	2.2
1985		
1986		
1987		

Scope

Co in St: 16; In Rept: 16.

STATE PLAN OF WORK AND EVALUATION PLAN—MAINE 090986

ME40—SENIOR COMPANION PROGRAM IN MAINE

Situation

The 980 census revealed that almost 20% of the population of Washington County (6,810 individuals) were 60 yrs. of age or older. This was twice the national average. At the same time, washington County covers an area half the size of the State of Connecticut, has no large population center, no public transportation, and limited health and human services resources. Well elderly are unable to identify and pursue meaningful volunteer opportunities, particularly if they are on a limited income, while frail elderly are at risk for loneliness, isolation, and possible premature and or inappropriate institutional placement.

Objectives

(a) A minimum of 70 low income elders called Senior Companion Volunteers provide 73,080 hours/yr. service in support of at-risk elder clients.

(b) Approximately 300 at-risk elders will learn skills to enable them to live healthier, more satisfying lives.

(c) Professional staff of 25 health and social service agencies will increase their skills and experience in support and supervision of Senior Companion Volunteers.

Plan of action

(1) Recruit and train elderly, low income volunteers.

(2) Maintain an average force of 70 trained Senior Companion Volunteers.

(3) Provide training in volunteer management to health and social service agencies and assist in the assignment of Senior Companion Volunteers to clients.

(4) Maintain a record keeping and a management system to account for Senior Companion Volunteer activities and program expenditures in accordance with an annual federal grant from Plan of Action to the Cooperative Extension Service.

Evaluation

Agents will assist an established advisory council to conduct an annual program evaluation by survey of Senior Companion Volunteers, their clients, and their supervisors. Agents will assist volunteers supervisors with performance evaluating of individual Senior Companion Volunteers. Agents will write quarterly and annual reports to Plan of Action.

Contact

Rita M. Gerke, Human Development Specialist (Aging), Extension Family Living Office, The Greenhouse, University of Maine, Orono, ME 04469; (207) 581-3104.

Keywords

ME40, Maine, 1984, 1985, 1986, 1987, Home economics, CRD, health, volunteers, elderly volunteer program, elderly, low-income, handicapped, American Indian volunteers, professionals, home teaching visits, demonstrations, meetings, workshops.

Estimated impacts

Costs reduced: $360,000 yr. (based on estimated cost of institutional care of $1000 per month for 30 clients for 12 mo.

Income increased: $146,160 (70 vols. x $2088/yr.)

Persons trained: 48 professional staff, 70 volunteers, 300 clients.

Estimated FTE

	Prof	Para	Vol
1984	1.3	35	
1985	1.3	35	
1986	1.3	35	
1987	1.3	35	

Reporting plans

	Accom	St Impac
1984		
1985		
1986		
1987		

Scope

Co in St:16; In Prog: 2.

NARRATIVE ACCOMPLISHMENT REPORT—1986—MAINE 090986

ME40—SENIOR COMPANION PROGRAM IN MAINE

Situation

The 1980 Census revealed that almost 20% of the population of Washington County (6,810 individuals) were 60 years old or older. This was twice the national average. At the same time, Washington County covers an area half the size of Connecticut, has no large popultion enter, no public transportation, and limited health and human services. Well elderly are unable to identify and pursue meaningful volunteer opportunities, particularly if they live on a limited income; while frail elderly are at risk for loneliness, isolation, and possible premature and/or inappropriate placement in institutions.

Objectives

(a) A minimum of 75 low-income elders (Senior Companion Volunteers) to provide 73,080 hours/year service in support of at-risk elderly clients.

(b) Approximately 300 at-risk elders to learn skills to enable them to live healthier, more satisfying lives.

(c) Professional staff members of 25 health and social service agencies to increase skills and experience in support and supervision of Senior Companion Volunteers.

Resources

MCES faculty members, volunteers, cooperating health and social services agencies.

Accomplishments

(1) MCES recruits and trains elderly, low-income volunteers.

(2) Maintains an average force of 75 Senior Companion Volunteers.

(3) Provides training in volunteer management to health and social service agencies and assists in the assignment of Senior Companion Volunteers to clients.

(4) Maintains a record-keeping system to account for Volunteers' activities and program expenditures in accordance with an annual federal grant from ACTION.

Evaluation

Agents assist an advisory council in conducting an annual survey of Senior companion volunteers, their clients, and their supervisors. Agents help supervisors complete performance evaluations of individual volunteers. In addition, agents prepare quarterly and annual reports for ACTION.

Contact

Torry D. Dickinson, Human Development Specialist, Aging, Roger Clapp Greenhouse, University of Maine, Orono, Maine 04469; (207) 581-3104.

Electronic Mail ID# AGS1050.

Keywords

ME40, Maine, 1984, 1985, 1986, 1987, home economics, community resource development, health volunteers, elderly, low-income, handicapped, American Indian, volunteers, professionals, home-teaching visits, demonstrations, meetings, workshops.

Quantified impacts

Costs Reduced: $360,000 year (based on estimated cost of institutional care at $1,000 per month for 30 clients for 12 months)

Income Increased: $177,600 (75 vols X $2,368/yr.)

Persons Trained: 48 professional staff, 75 volunteers, 300 clients

Expended FTE

	Prof	Para	Vol
1984	1.3	35	
1985	1.3	35	
1986	1.3	35	
1987			

Scope

Co in St: 16; In Prog: 3.

FOUR YEAR PROGRAM & EVALUATION PLANS—MISSISSIPPI 063085

MS222—INTERGENERATIONAL RELATIONS (MISSISSIPPI 1890)

Situation

Many elderly people are located in isolated rural areas without modes of transportation or telephones. It is estimated that 50 percent or more of the elderly in southwest Mississippi are residing in homes with relatives.

It has been observed that many elderly people are being abused by family members or other caretakers.

People who are approaching retirement need information on the role transition and elderly assistance.

Objectives

(1) Fifty people near retirement age will receive information on retirement benefits and role transitions.

(2) One hundred elderly will be more adequately prepared to face dilemmas such as elderly abuse, crime, and entering homes for the elderly as a result of attending educational workshops and training on the dilemmas of aging.

Plan of action

Use agency on aging as a referral for clients who desire their services. Visit families with live-in elderly people. Visit elderly in isolated rural areas. Conduct training workshops, group meetings, and distribute educational materials.

Evaluation

Random survey of clients to test for receptiveness of program. Observe for behavior changes.

Contact

Ms. Mildred L. Holland, Family Life & Child Development Spec., P.O. Box 479, Alcorn State University, Lorman, MS 39096; (601) 877-6126.

Keywords

MS222, Mississippi, 1890, 1984, 1985, 1986, 1987, home economics, international relations, role transitions, elderly assistance, elderly clients and families, group meetings, workshops, publications.

Estimated impacts

Behavior changes: 50
People involved: 500
Adopting practices: 100

Estimated FTE

	Prof	Para	Vol
1984	.17	1.14	
1985	.17	.96	
1986	.17	.93	
1987	.17	1.08	

Reporting plans

	Accom	St impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St: 82; In Prog: 11.

NARRATIVE ACCOMPLISHMENT REPORTS—1986—MISSISSIPPI 090386

MS222—MISSISSIPPI 1890—INTERGENERATIONAL RELATIONS

Situation

Senior citizens are the most likely to face health problems, crime, and isolation from family and friends. In coping with the process of aging, the whole family structure and community should be involved in educational programs which will ease stress and bring about an admirable transition into the golden years.

Objective

The objectives of this program were to: teach fifty people approaching retirement role transition from working in the market place to retiring; develop a program on crime and elderly abuse to be taught to program clients in order to combat the increasing dilemma of being old, battered and robbed.

Accomplishment

The accomplishments in this program were:

(1) 200 people approaching retirement participated in 35 workshops and 20 group meetings where educational programs related to retirement were conducted. As a result of those programs, 50 percent of the participants reported during more knowledgeable of retirement related problems;

(2) As a result of the program "Be Safe," that was developed especially to prevent crime and abuse of the elderly, 300 people participated and reported knowledge gained, skills learned in preventive measures, and an attitude change toward living in their neighborhoods.

Resources

To supplement the developed program, other agencies provided additional expertise and guidance in working with the elderly and their families. Those agencies were: the local sheriff and policy departments, Mississippi Highway Department, Mississippi Agency of Aging and the Mississippi Department of Health & Human Services. As a result of this program, approximately $50.00 was saved in preventive medicine and less robberies.

Evaluation/future

Pre- and Post-test were analyzed after each session or workshop and home visits were conducted to check on behavior and attitude changes. With more in depth training and funds, this program has the potential of bringing the elderly into the mainstream of society with less fear and isolation.

Contact

Mildred L. Holland, Family Life & Child Development Specialist, P.O. Box 479, Alcorn State University, Lorman, Mississippi 39096.

Keywords

Behavior Change, Attitude Change, Knowledge gained, MS222, Mississippi, 1985–1986, Home Economics, Intergenerational Relations, Elderly, Parents, Role Transition, Program Clients, Workshops, Group Meetings, Home Visits, Newsletters.

Quantified impacts

Behavior Change: 100
People Involved: 500
Knowledge Gained: 500
Skills Learned: 200
Money Saved: $50,000

Expended FTE

	Prof	Para	Vol
1984	.25	1.50	
1985	.25	1.25	
1986	.25	1.25	
1987			

Volunteer

	Pers	Dollar
1984		
1985		20,000
1986		20,000
1987		

Scope

Co in St; In Rept; Other.

State Plan of Work and Evaluation Plan—Oklahoma 061885

OK102—OKLAHOMA FAMILY STRENGTHS: INTERGENERATIONAL RELATIONS

Situation

The number of aging individuals has dramatically increased over the last decade. The elderly are increasing faster than any other age group in our society. The life span is approximately 72 years with female expectancy nearly 5 years longer. Twelve percent of the U.S. population (25 million) and nearly 14 percent of Oklahoma's population (600,000) are currently 65 years or older. A disproportionate number of senior citizens are coping with problems of retirement and aging. This had depended largely on the social, economic, physical, and emotional resources an individual has accumulated and maintained throughout a lifetime.

Objectives

Extension Intergenerational Relations programs will assist individuals to acquire knowledge and information related to the following areas: (1) considering retirement possibilities and pitfalls; (2) learning some constructive and specific ways to prepare for a satisfying retirement, (3) understanding myths and realities of aging which includes aspects related to ageism, myths about aging, and developing a positive attitude about the aging process; (4) realizing the concerns of intergenerational relationships; (5) understanding nursing homes and the nursing home environment; (6) becoming aware of the problems related to living alone; (7) understanding the loss and grief experienced by the death of a spouse, and (8) explaining the complexities of medicare.

Plan of action

(1) 20 counties will use various aspects of the Intergenerational Relations program;

(2) 70 Homemakers clubs will receive training;

(3) 1350 volunteer leaders will receive county and district training by the Human Development Specialist;

(4) Materials on understanding medicare (Medicare Roundup) will be presented to homemaker clubs and interested community groups by county home economists with supervision from the Human Development Specialist, representatives from Blue Cross and Blue Shield, Aetna Casualty and Life and the Health Care Financing Administration.

Evaluation

Evaluation data will be gathered through the following means: (1) publications disseminated; (2) number of programs conducted and individuals participating; and (3) "Feeder" form evaluation data collected through an Agents Questionnaire of county use and a Homemakers Questionnaire of knowledge gained from program participants. The State Human Development Specialist will cooperate with the Gerontology Specialist to evaluate annual county, district and state concerns in updating and developing needed aging materials.

Contact

Joseph A. Weber, Ph.D., Human Development Specialist, Department FRCD, 239 HEW, Oklahoma State University, Stillwater, OK 74078; 405-624-5060.

Keywords

OK102, Oklahoma, 84-87, home economics, intergenerational relations, aging programs, life stage transition, elderly, families, homemakers, homemaker clubs, group meetings, publications, workshops, small group sessions, newsletters.

Estimated impacts

Decision-making improved: 800 homemakers per year
Attitudes changed: 350 families per year
Knowledge gained: 500 homemakers per year
Skills learned: 250 families per year

Estimated FTE

	Prof	Para	Vol
1984	3.5		5
1985	4.5		6
1986	4.5		6
1987	5.0		7

Reporting plans

	Accom	St Impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St: 7/0; In Prog: 20.

NARRATIVE ACCOMPLISHMENT REPORT—1986—OKLAHOMA 082286

OK102—OKLAHOMA FAMILY STRENGTHS: INTERGENERATIONAL RELATIONS

Situation

The number of aging individuals has dramatically increased over the last decade. The elderly are increasing faster than any other age group in our society. Nearly 14 percent of Oklahoma's population (600,000) are currently 65 years and older. A large percentage of Oklahoma's elderly are living in rural agricultural areas. Forth-four of Oklahoma's 77 counties have over 15% of their population elderly. Many of these senior citizens are coping with concerns of retirement and aging.

Objectives

(1) Senior citizens and middle age adults involved in Extension Aging Programs experienced a change in intergenerational understanding.

(2) Because of a statewide concern (Program Advisory input) with intergenerational and aging problems, those who participate in Extension Aging Programs:

(a) understand the importance of economic, social, and psychological well-being.

(b) learned the facts of various myths and realities associated with aging.

(c) gained a positive appreciation of self and others.

Resources

The state Human Development Specialist and Gerontology Specialist (1FTE) trained 200 volunteer leaders and 15 county Home Economist with outreach to 4,320 families. Delivery program methods included 8 seminars, 5 workshops, 2 telephone teleconferences, 1 TV program, 3 district and 2 state-wide training sessions. Cost effectiveness and program success was gained through the cooperative efforts of the Health Care Financing Administration, Blue Cross and Blue Shield, Aetna Casualty and Life, Area Agencies on Aging, Senior Citizens Centers and Homemaker Clubs. Over the past three years $7000 in grants have been received to develop and update a Medicare awareness program.

Accomplishment

Twenty-two of the 77 Counties in Oklahoma planned an aging program during FY '86. The three main topics were intergenerational relationships, myths and reality of aging and Medicare awareness. A sample of 352 individuals were surveyed in the 22 counties presenting programs.

The following results were collected: Participants better understood intergenerational differences: differences: 84.7%; Middle aged adults agreed to hold a family conference and discuss concerns with their elderly parents: 32.4%, Increased understanding of 32.4%; Increased understanding of aging myths: 89.0%; Learned to recognize misconceptions and untruths about the elderly: 61.3%; Increased knowledge of Medicare: 91.1%; Planned to review their own and their elderly parents supplemental insurance needs: 71.8%.

Evaluation

The aging instrument was composed of a knowledge of aging quiz and Likerttype scale items which measured the objectives of the curriculum and leader lesson materials. Data yielded participant responses in a positive direction to knowledge gained, skills learned and attitudes changed.

Future

The use of aging materials has consistently increased participation and interest among adults in homemaker clubs and other extension related programs. The state Human Development Specialist will cooperate with the Gerontology Specialist to update and develop needed aging materials.

Contact

Joseph A. Weber, Ph.D., Human Development Specialist, Department FRCD, 239 HEW, Oklahoma State University, Stillwater, OK 74074-0337; (405) 624-7186.

Althea Wright, Ed.D., Gerontology Specialist, Department FRCD, 333 HEW, Oklahoma State University, Stillwater, OK 74078; (405) 624-5061).

Keywords

OK102, Oklahoma, 1986, home economics, intergenerational relations, aging programs, life stage transition, elderly, families, homemakers, homemaker clubs, group meetings, teleconferences, publications, seminars, newsletters.

Quantified impacts

Leaders trained: 352 Volunteer leaders

Knowledge gained about Medicare: 96.1%

Proportion of homemaker clubs completing at least one lesson: 43 homemaker clubs from 22 counties

Expended FTE

	Prof	Para	Vol
1984	1		
1985	1		
1986	1		
1987			

Scope

Counties in state: 77

In report: 22

State Plan of Work and Evaluation Plan—Washington 060585

WA54—WASHINGTON STATE FAMILY ROLES, RELATIONSHIPS, AND SUPPORT SYSTEMS

Situation

The family and society are constantly changing. These changes create new family forms, difficult situations, processes, and complex human needs. This project addresses selected family types and some of their related issues and concerns; step—, single-parent, and multi-generation families; and young adults and never married individuals.

Educational and informational programs on marriage, family living; and access to, and proper use of private and public support services.

Objectives

Design and deliver educational programs and learning situations through which: (a) Step-Families will gain improved understanding of the principles, and dynamics associated with successful step-family living; understand and adopt appropriate family member roles; learn and use effective interpersonal relationship information; know of and how to access community services; (b) Single-Parent Families will have improved knowledge and understanding of single-parenting; improve parenting knowledge and skills adopt appropriate attitudes; develop enhanced problem-solving abilities, self-reliance, and personal competence; develop effective support systems, role models, and use community resources/agencies to keep their family functioning well; (c) Multi-Generation Families will become more effective and cohesive by clarifying values, improving communication skills, and decision making abilities; more skillfully facilitate the independence of their children; deal with the housing needs of family members appropriately; evaluate and select appropriate care services for their elderly; (d) Singles, couples, and families will obtain realistic set of expectations about marriage, parenthood, family life, sexuality, and relationships; improve skills in economic management; use community resources effectively; have improved attitudes about aging and the aged.

Plan of action

Agents and volunteers will be trained and will teach clientele. Materials will be prepared, i.e., teacher guides, publications, etc. Programs conducted via meetings, workshops, self-study courses, teaching packages, home visits, telephone conferences, and newsletters.

Evaluation

KASA changes will be determined by a variety of methods including end-of-meeting reports, check sheets, telephone interviews, and self-reports. Behavioral change will be determined in similar ways. Annual and end-of-program narratives are expected. Organized clubs and volunteers will report program results.

Contact

Kenneth E. Barber, Ph.D., Extension Sociologist, 301B Ag Sciences, Washington State University, Pullman, WA 99164; (509) 335-2511.

Keywords

WA54 Washington, 1984-87 home economics, family roles, types, relationships; marriage, family and community support systems, aging, families, singles, step-parents, middle-age couples, elderly-aging, volunteers, agency workers, volunteers, agency personnel, ethnic minorities, singles, middle-years, couples, step-parent and single-parent families, elderly, meetings, leader training, newsletters, workshops, media, publications, self-study courses.

Estimated impacts

Knowledge gained: 1,100 people.
Attitudes changed: 50 people.
Skills learned/developed: 835 people.
Volunteers trained: 230 people.

Estimated FTE

	Prof	Para	Vol
1984	1.88		
1985	1.88		
1986	1.88		
1987	1.88		

Reporting plans

	Accom	St Impac
1984	X	
1985		
1986	X	
1987		

Scope

Co in St: 39; In Prog: 39.

WA54—FAMILY ROLES, RELATIONSHIPS AND SUPPORT SYSTEMS—WASHINGTON

Families and solo parents with young children under 18 make continual requests for information that will help them be more effective; adult children are requesting help in knowing how to deal with aging parents; and everyone is experiencing a stress-filled life. Low and middle income families in urban and rural areas are equally experiencing difficulty. The objectives are to teach basic principles of human development, child guidance, self-esteem, communication skills, roles and relationships of family members, physical and social aspects of aging, and stress management to Extension clientele. Clientele will gain knowledge, change attitudes, improve skills and aspirations and adopt better practices, and volunteers will be trained to share with others. Extension agents, specialists, agency personnel, research data, publications, volunteers, and other subject-matter experts were involved.

A variety of evaluation methods have been used, e.g., post-program forms, personal interviews, telephone interviews, post-program mailed questionnaires (3 to 6 months), direct observation, and newsletter responses.

For 1985 and 1986 74 county agents and a few other faculty reported activity amounting to 4.6 F.T.E.s. a Total of 79,000 clientele contracts were reported—69,000 plus female and 9,000 plus male; 514 were Black, 1,394 American Indian, 556 Hispanic, and 482 Asian.

Nine agents conducted educational activities on improving the quality of parenting. There are 2,484 individuals and families receiving parenting newsletters; an additional 4,031 individuals gained information/improved their knowledge of parenting; and, 2,624 reported improvement in their skills and/or adopting improved (better) parenting practices. A total of 196 minority individuals were involved. 50 youth were trained to be effective babysitters. Twenty-one low-income aides were trained in the basic principles of child guidance.

Programs on aging in this project have focused on training volunteers. 120 adults volunteers have been trained/learned new information/gained knowledge, and have then taught 900 other adults one or more of these topics: mid-life crisis, sensory changes associated with aging, housing and care options; the realities of aging, intergenerational values and change, women's changing needs, and family caregiving for their elderly. Follow-up surveys of participants documented learning and behavior changes. 45 university students learned about family caregiving for the elderly.

Programs on stress management reported 630 adults gained knowledge and information on effectively managing stress. Twenty-five low-income and senior aids (volunteers) were trained and reached 250 other adults. A follow-up survey of 156 program participants showed that most had adopted successful stress management techniques; and that they had shared this information with approximately 700 others.

Contact

Kenneth E. Barber, Ph.D., Extension Sociologist, 301-B Hulbert, Washington State University, Pullman, WA 99164-6230 (509) 335-2918.

Keywords

WA54, Washington, 1985-1986, home economics, family relationships, parenting, aging, stress, human development, family communication, self-other understanding, parenting skills, child growth and development, solo parents, stress management, child guidance, families, parents with children under 18 years, middle years adults, senior citizens, EFNEP aides and families, low-income women with children, agency personnel, public meetings, workshops, volunteer training, home study, newsletters, classes, directed mailings, individual contact, media.

Quantified impacts

Knowledge gained: 44,473.
Attitudes changed: 565.
Skills learned/improved: 2,624.
Aspirations heightened: 290.
Practices adopted: 1,038.
Volunteers trained: 310.

Expended FTE

	Prof	Para	Vol
1984			
1985	2.21		
1986	2.28		
1987			

Scope

Co. in St: 39, in Rept: 39, Other —.

State Plan of Work and Evaluation Plan—Illinois 071185

IL65—GROWING OLDER IN RURAL AMERICA: A PRE-RETIREMENT PLANNING PROGRAM FOR ILLINOIS FARM COUPLES

Situation

Older Americans have become the fastest growing segment of the U.S. population. The number of people aged 60 and over has increased four times as fast as the number under 60 since 1900. In 1981, one of every seven Americans was age 60 and over. In 2000, one of every six will be that age or older and in 2035, the over 60's will be one of every four. In 1978, 64% of the Illinois farm operators were over age 45; 14% were over age 65. Farm couples in their 40's and 50's can anticipate living to older ages than their ancestors. Males who reach age 65 can expect to live an additional 14 years; women an additional 18 years. For most, retirement means a change in lifestyle. Planning for retirement should include the recognition of reduced income, increased leisure time, loss of health and vitality, and the loss of one's spouse. The time to plan for retirement is prior to actual retirement, and not when the event occurs. They need to plan more carefully for the last third of their lives to help assure contentment, happiness and satisfaction. In addition, pre-retirement planning will strengthen and maintain the family support system, help people to control their destiny and provide financial security.

Objectives

1. To teach older farm couples the importance and value of pre-retirement planning.
2. To change the attitude of farm couples to a more positive outlook of life after retirement.
3. To help farm couples plan for improved personal and financial security as well as a feeling of self-worth upon retirement.

Plan of action

To help and prepare County Extension Advisers to (1) implement, organize and coordinate the Growing Older in Rural America workshop series in their counties; (2) teach and serve as a leader in open discussion sessions during the workshop series; (3) use the audio-visuals, the worksheets and quizzes, the TeleNet presentations and the on-site teaching; and (4) evaluate the learning which occurs during the workshops.

Evaluation

Changes in knowledge, attitudes and behavior of the Illinois farm couples who enroll in the workshops will be measured. The modules will be tested for understanding the relevance. Effectiveness of the workshop approach, small group participation and individual worksheet activities will be measured.

Contact

T. Roy Bogle, Assistant Director, Cooperative Extension Service—University of Illinois, 116 Mumford Hall, 1301 West Gregory Drive, Urbana, IL 61801 (217) 333-9025.

Keywords

IL65, Illinois, 1984-87, agriculture, home economics, pre-retirement, planning, aging, farm couples, adults, families, workshops, slidestapes, video, small group sessions.

Estimated impacts

Knowledge gained: 500 persons affected.
Attitude changed: 1200 attitudes changed.
Retirement security: 500 persons affected.
Retirement satisfaction: 500 persons affected.

Estimated FTE

	Prof	Para	Vol
1984	2		
1985	2		
1986	3		
1987	3		

Reporting plans

	Accom	St Impac
1984		
1985	X	
1986		
1987		

Scope

Co in St: 102; In Prog: 102.

NARRATIVE ACCOMPLISHMENT REPORT—ILLINOIS 021086

IL65—GROWING OLDER IN RURAL AMERICA: A PRE-RETIREMENT PLANNING PROGRAM FOR ILLINOIS FARM COUPLES

Situation/objectives

Farm couples, members of their families and friends changed as a result of participating in the Extension workshops: Growing Older in Rural AMERICA: Pre-retirement For Farm Couples. They changed their attitudes about growing older, life expectancy, financial planning, where to live when retired, lifestyle changes, their health, and the need to plan for their retired years. They acquired skills and incentives to begin retirement planning. These changes are necessary because people are living longer. The retirement with proper planning, can be very rewarding, satisfying and secure.

Resources

F. M. Sims, Extension Specialist, Farm Management, University of Illinois planned the educational program. Of the 16-hour workshop, he taught 10 hours, 3 hours and Farm Business Farm Management professionals taught 3 hours. Each workshop was for 10 to 15 farm couples, 3 days in length, with much learner participation and "hands-on" participation. Workshop resources: a 300-page workbook, resource materials, 3 videotapes, 2 slidetape sets, 2 overhead transparency sets and a 16 m.m. movie.

Accomplishment

Three hundred eighty-four couples enrolled, paid a $35 fee, and attended the workshops. Many—especially the men—were reluctant to attend. They feared retirement. It is human nature to fear and be apprehensive of things we do not understand or know much about. They changed their attitude and learned how to plan for their retired years. Six months after the workshops 83% of the participant's response was 2.6 on a 1 to 5 scale (1—very much, 5—none at all), "To what extent have you been able to use the workshop information?". Other responses: To what extent did attendng the workshop "stimulate you to think about (1.7) and talk about (2.0) your retired years and plans for retirement. Typical response was: "We do not have to be afraid of a new lifestyle—nor do we have to cling to all our old ideas". Not only did the couples change, but members of their families and friends changed. General public was also influenced due to pictures and news articles about the workshops being in the newspaper. One of the obstacles to pre-retirement planning is that couples do not talk about it. The response again on the 1 to 5 scale, was 2.2 (MUCH) "to what extent did attending the workshop stimulate you to do more talking and planning with spouse or another person about your retirement?"

Evaluation

Three levels of evaulation were used. "Benchmark" information was submitted by each person prior to the first session. Response as to workshop format and the learning process was gathered at the final session. A six-month follow-up evaluation on change of attitude and skills acquired was returned by 78% of the persons who attended the workshops.

Future

The workshops have been requested for fiscal year 1986 by Extention Advisers in 27 Illinois Counties. A pre-retirement planning program for urban self-employed persons will be pilot-project tested. This work was accomplished under the leadership of Fay Sims, Extension Specialist in Farm Management.

Contact

Peter D. Bloome, Assistant Director, Cooperative Extension Service, University of Illinois, 116 Mumford Hall, 1301 W. Gregory Dr., Urbana, IL 61801 (217) 333-9025.

Keywords

IL65, Illinois, 1984-85, agriculture, home economics, pre-retirement planning, retirement, farm couples, planning, aging, financial planning, farm couples, adults, families, elderly, workshops, slides/tapes, video, small groups sessions.

Quantified impacts

Knowledge gained: 384 farm couples.
Attitude changed: 1,420 persons.
Retirement security: 768 persons.
Retirement satisfaction: 768 persons.

Expended FTE

	Prof	Para	Vol
1984	2.4		
1985	2.4		
1986			
1987			

Scope

Co in St: 102; In Rept: 39; Other: 0.

Four Year Program and Evaluation Plans—Maryland 070485

MD05—MARYLAND ENERGY: COLD AND HEAT STRESS MANAGEMENT

Situation

Fifteen percent of Maryland citizens are 80 years or older. By 1990, this figure is expected to increase to 18 percent. Economic trends indicate assistance programs for the elderly will, most likely, decrease over the next five years. Older Americans have unique energy problems. Persons over 65 often require higher temperatures (or lower in the summer) for health reasons than the average adult requires to moderate or high priority program for CES. Extension education programs focusing on the elderly energy needs including preventive measures for cold and heat stress, improving service delivery, public policy education and housing should help to alleviate these problems.

Objectives:

By 1987, 1,000 volunteers from 15 counties participate in cold and/or heat stress management training and management training and teach four thousand five hundred elderly minorities and low income citizens cold and heat stress, basic energy tips, and identification of local resources by 1987. (1890)

Plan of action—1862 and 1890:

Identify and contact representatives from health, aging, social services, utilities and volunteer groups to plan program. Publicize program through mewsletter, newspaper, radio and TV. Conduct "train the trainers" workshops for representatives in cold and/or heat stress management. Identify target audiences to reach the program. Conduct evaluation by a mail survey. Conduct a statewide training at College Park for MCES faculty, community leaders, agency and institutions and volunteer groups.

Evaluation

Three months from the time of training a follow-up survey will be sent from the state office to agents providing local leadership for the program. The survey will request the following information: Number of volunteers trained; citizens taught as a result of training; description of mass media audiences; any spin-offs of the program, and resource guide; and the number of elderly and/or low income trained. (1890)

Contact

Dr. Nan Booth and Dr. Louis Thaxton, CRD Specialists, Rm. 3220 Symons Hall, University of Maryland, College Park, MD 20742, (301) 454-5420; or UMES, Princess Anne, MD 21853.

Keywords

MD05, Maryland, 1984-87, Community Resource Development 1890 and 1862, energy management, cold and heat stress management volunteerism, energy conservation, elderly, workshops and group assistance.

Estimated impacts

Skills learned: 1150 volunteers to teach, 14,500 elderly.
Multi-agency cooperation.

Estimated FTE

	Prof	Para	Vol
1984	0.5		
1985	0.4		
1986	0.4		
1987	0.3		

Reporting plans

	Accom	St Impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St: 24; In Prog: 15.

NARRATIVE ACCOMPLISHMENT REPORT—MARYLAND 020386

MD05—MARYLAND ENERGY: COLD AND HEAT STRESS MANAGEMENT

Situation

Fifteen percent of Maryland citizens are 60 years or older. By 1990, this figure is expected to increase to 18 percent. Economic trends indicate assistance programs for the elderly will, most likely, decrease over the next five years. Older Americans have unique energy problems. Persons over 65 often require higher temperature (or lower in the summer) for health reasons than the average adult requires. The 1982 CRD Citizen Survey results indicated 99 percent felt energy education was a moderate or high priority program for CES. Extension education programs focusing on the elderly energy needs including preventive measures for cold and heat stress, improving service delivery, public policy education and housing should help to alleviate these problems.

Objectives

By 1987, 1,000 volunteers from 15 counties participate in cold and/or heat stress management training and teach 10,000 citizens the facts about cold and heat stress, basic energy tips and identification of local resources.

One hundred fifty elderly minorities and/or low income volunteers from three counties to participate in cold and/or heat stress management training and teach four thousand five hundred elderly minorities and low income citizens cold and heat stress, basic energy tips, and identification of local resources by 1987. (1890)

Resources

Commission on Aging, Maryland Department of Human Resources, Maryland Energy Office, Center for Environmental Physiology, Cable Television, Television and Radio.

Accomplishment

(1862 and 1890): 1547 volunteers participated in training in cold and/or heat stress management. The skills learned by these trainees enabled them to teach 11,632 others. In particular, 433 agency volunteers taught an average of 14 people each for a total of 6062. The 1114 senior trainees taught an average of 5 other seniors for a total of 5570. Training workshops were held in 19 counties; state-wide trainings for managers and staff of county energy assistance programs and Gate-Way personnel were implemented; two half hour public television shows and one half hour cable television show were produced; radio tapes were distributed to all counties; brochures on heat and cold stress management were published; and newpaper articles appeared in 11 counties.

Evaluation

Random follow-up surveys; mail survey to Extension agents; and workshop evaluations.

Future

Continue to offer program and teaching materials to Extension agents and cooperating agencies.

Contact

Dr. Nan Booth, RM. 3220 Symons Hall, University of Maryland, College Park, MD 20742 (301) 454-5420; Dr. Louis Thaxton, CRD Specialist, UMES, Princess Anne, MD 21853, (301) 651-0279.

Keywords

MD05, Maryland, 1984-85, community resource development, energy management, cold and heat stress management, volunteers, elderly, workshops and group assistance.

Quantified impacts

Skills learned: 1547 volunteers.
Multi-agency cooperation: 5 agencies.

Expended FTE

	Prof	Para	Vol
1984	0.2		
1985	.1		
1986			
1987			

Scope

Co. in St: 23; In Rept: 19; Other, —.

MD59—INTERGENERATIONAL FAMILIES—MARYLAND

Situation

As life span lengthens and economic resources of families decrease, more families are sharing their living space with older members and making decisions related to health, living arrangements, legal and financial matters and day-to-day problems. This situation has created a need for intergenerational family members to acquire knowledge, skills and attitudes necessary to better adjust to these changing conditions.

Objectives

An intergenerational families program will help family members better understand family relationships and stages in later life, improve their attitudes toward older persons, and be better able to cope with problems of their aging parents. (1) An estimated 2,000 participants from 12 counties will develop a more positive attitude toward aging; (2) 2,000 will recognize physical and emotional changes and needs of older persons; (3) 500 will plan for and make necessary adjustments in their housing arrangement; (4) 500 will make adjustments in their lifestyle to fit the needs of aging family members and (5) 1,500 will develop and/or expand personal networks to meet needs of elderly family members. Extension professionals will coordinate with other social agencies such as county commissions on aging, departments of social services, health departments, senior centers, and other organizations to extend outreach efforts to the elderly and their families. Over a 4-year period 500 homemaker leaders will be trained to extend program outreach (15 per leader) to 7,500 families.

Plan of action

Programs will be disseminated through meetings, leader training, newsletters, TV, radio, newspapers. Staff development training will be provided to assist home economics agents. Program materials will be developed by specialist and provided to counties to support educational efforts to reach Extension Homemaker Club leaders and members, limited resource and minority audiences, the elderly and family members.

Evaluation

Evaluation instruments will be developed to monitor progress. These reports will reflect positive attitudes gained by participants, recognition of physical and emotional changes of aging parents, adjustments made in lifestyle, development of personal networks, coordination with community organizations, and adjustments made in housing arrangements as a result of this program.

Contact

Dr. Billie H. Frazier, Human Development Specialist, University of Maryland, 1212 Symons Hall, College Park, MD 20742 (301) 454-3604.

Keywords

MD59, Maryland, 1984-1987, home economics, family strengths—intergenerational families, mental, physical, social and emotional changes of elderly, personal networks, attitudes about aging, facilities, family members, elderly, homemakers, meetings, leader training, newsletters, publications, television, radio, newspapers.

Estimated impacts

Attitudes changed: 2,000 individuals in four years.
Knowledge gained: 2,000 individuals in four years.
Facilities improved (housing adjustments made): 500 households in four years.
Lifestyles adjusted: 500 households in four years.
Personal networks expanded: 1,500 individuals in four years.
Leaders trained: 500 in four years.
Leader outreach: 7,500 households in four years.

Estimated FTE

	Prof	Para	Vol
1984	0.5		
1985	1.0		
1986	1.5		
1987	2.0		

Reporting plans

	Accom	St Impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St: 24; In Prog: 12.

NARRATIVE ACCOMPLISHMENT REPORT—MARYLAND 020386

MD59—INTERGENERATIONAL FAMILIES—MARYLAND

A new educational program area has emerged as our life span has lengthened and economic resources of families have diminished. More families are sharing their living space with older members and helping to make critical decisions related to health, living arrangements, legal and financial matters and day-to-day situations. This intergenerational families program helps family members acquire knowledge, skills and attitudes necessary to better adjust to changing conditions and living arrangements.

In fiscal year 1985, 10 agents in 10 counties reported on 20 classes, reaching a total of 545 persons, including 58 men. One hundred ninety eight (198) trained leaders/volunteers reached an additional 1,311 persons, and donated 95 hours of service. Outreach included 15 professionals from other groups and agencies. Class participants shared knowledge with 621 additional persons.

The quantified data reported represent numbers and percentages of the total number of persons responding to the Evaluation questions. End of Meeting evaluations indicated that 100% of the participants learned at least one new concept about intergenerational families. Follow-up evaluations demonstrated that 72% of the persons responding changed attitudes, 20% improved their facilities and 84% expanded their personal support networks.

Three special classes for adult sitters were conducted in 2 counties by 2 agents, reaching 155 persons. One hundred thirty trained leaders/volunteers reached an additional 1,000 persons and donated 50 hours of time.

Contact

Dr. Billie H. Frazier, Human Development Specialist, Room 1212 Symons Hall, The University of Maryland, College Park, MD 20742 (301) 454-3602.

Keywords

MD59, Maryland, 1985, home economics, family strengths—intergenerational families, mental, physical, social and emotional changes of elderly, personal networks, attitudes about aging facilities, family members, elderly, homemakers, meetings, leader training, newsletters, publications, television, radio, newspapers.

Quantified impacts

Attitudes changed: 18 (72% of sample of 25).
Knowledge gained: 54 (100% of sample of 54).
Facilities improve (housing adjustments: 5 (20% of sample of 25) made).
Lifestyles adjusted: 5 (20% of sample of 25).
Personal networks expanded: 21 (84% of sample of 25).
Leaders trained: 198.
Leader outreach: 1311.

Expended FTE ______

	Prof	Para	Vol
1984	0.08		
1985	.36		
1986			
1987			

Scope

Co. in St: 24; In Rept: —; Other: —.

State Plan of Work and Evaluation Plan—Missouri 062985

MO109—AGING FAMILIES IN RETIREMENT—MISSOURI

Situation

In the last decade the elderly in Missouri have increased 3 times as rapidly as the general population. The fastest growth is among the elderly over 80 who are most vulnerable to poor health. The impact of intellectual decline and memory loss is great on aged persons and those caring for them. Middle generation adults need information and support as they provide the primary support system for the aged. These adults, professional and lay persons working with the elderly as well as people of all ages need to better understand adult development, the aging process and ways to maximize family intergenerational relationships and positive aspects of life in later years. The elderly and their families must develop new skills to cope with the aging process. Care options must be developed and improved.

Objectives

1. Families will develop more positive relationships and helpful behaviors with parents or relatives in their later years.

2. Families, providers or potential providers of care of the frail elderly will learn the benefits of care options, will plan/develop and/or improve facilities and/or daily programs for quality care (especially in adult day care and/or in-home care).

3. Families, individuals, caregivers or those working with the elderly will address issues arising in later years related to relationships, development and coping (through programs found in "Plan of Action" below.

Plan of action

1. Develop and conduct workshops, conferences, and training sessions to help families with elderly members, providers of care for the frail elderly or those who work with the elderly.

2. Develop support materials and/or work with the following programs—Adults and Aging Parents, Intergenerational Relations, Coping with Life Changes (Attitudes, Physical Changes, Exercise, Counseling the Elderly, Life Review, Interdependence, Widowhood and Loneliness, Sexuality and Older Adults, Dealth/Dying/Grief), Middle Years Transitions, Retirement Planning, Validation for the Disoriented Elderly, Care Options of the Elderly (Adult Day Care, In-home Care, Adult Sitter Program, etc.).

3. Develop/use newsletter items, educational displays, or mass media programs related to issues of aging—including radio, newspapers, television, etc.

Evaluation

A standard evaluation procedure will be used to assess—

1. The number of volunteer leaders involved.
2. Number of persons participating.
3. Changes in attitude and knowledge.
4. Practices adopted.

Contact

Lou Isbell, State Child and Family Development Specialist, 14 Gwynn Hall, University of Missouri-Columbia, Columbia, Missouri 65211, (314) 882-4628.

Keywords

MO109, Missouri 1984-87, Aging—families in retirement, child and family development and human relations, adults and aging parents, intergenerationai relations, coping with life changes, middle years transitions, retirement planning, validation of the disoriented, care options of the aged, adult day care, families with elderly members, providers or potential providers of care of the elderly, workshops, training sessions, support materials, media, newsletter.

Estimated impacts

Number volunteer leaders: 1,033.
Number participants: 8,084.
Changes in attitude/knowledge/skills: 7,015.
Practices adopted: 46,030.
Media contacts: 1,000,000.

Estimated FTE

	Prof	Para	Vol
1984	2.08		24.31
1985	1.44		45.79
1986	1.42		63.79
1987	1.35		70.31

Reporting plans

	Accom	St Impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St. 114; in Prog: 75.

NARRATIVE ACCOMPLISHMENT REPORT—MISSOURI 012986

MO109—STRENGTHENING FAMILIES IN MID- AND AGING YEARS—MISSOURI

Situation

In the last decade, the elderly in Missouri have increased 3 times as rapidly as the general population and will continue to increase into the 21st century. Program emphasis focused on (a) planning and analysis to prepare to meet the needs of the elderly and their families in the future, and (b) strengthening families in the mid- and later years on issues of relationships, development and coping.

Accomplishment

Programs for middle generation adults who are the primary support system for the aged provided information and support to strengthen their effectiveness. Examples include 1,393 (of approximately 1,700 adults with aging parents who participated in seminars in three areas) who engaged in improved interaction, helping behaviors and decision making concerning situations with their aged parents as a result of the program. Through use of educational materials provided by Extension, others learned to build most positive relationships with elderly family members and help when health fails. For example, in one area, an additional 1,126 people learned through educational newsletters, guidesheets or other mailings.

Families, individuals, caregivers of those working with the elderly addressed issues arising in later years related to relationships, development, and coping with life changes. More than 105,680 families were helped with problems associated with elderly family members. Approximately 6,500 families were helps through teaching in workshops or by trained adult leaders and 99,180 others through educational materials or media efforts. The elderly and their families developed new skills to cope with life changes through programs on death, bereavement, loneliness and depression, including support groups for the widowed or individuals who have critically ill family members. In one area, the 456 people involved in depression programs learned the symptoms of depression and the importance of getting help. Families with isolated elderly became aware of the county services and increased the social contacts of older relatives to prevent withdrawal. In one area, 148 people attending a program said they had made more use of county services as a result of the Extension program. In another area, 135 elderly increased physical fitness as a result of exercise programs. Youth (4-H) and their parents in an intergenerational project also learned to use "pet therapy" with nursing home residents. In another area, 152 people analyzed their homes for retirement and improved them for safer, more comfortable living. More than 709 families with disoriented elderly learned to prevent behavior problems at home and how to deal more effectively with them for greater safety and satisfaction. Making an average of 10 changes each in techniques, the family caregivers employed 7,090 techniques with these elderly to bring greater contentment.

Contact

Lou Isbell, State Child and Family Development Specialist, 14 Gwynn Hall, UMC, Columbia, MD 65211, 314/882-4628.

Keywords

MO109, Missouri, 1985, home economics, child and family development, strengthening families in mid- and aging years, aging, aging parents, intergenerational relations, coping with life changes, exercise, widowhood, death/dying grief, disoreieted elderly, depression, aging process, attitudes, retirement planning, families of the elderly, the elderly, extension clubs, workshops, newsletters, media, volunteer training.

Quantified impacts

Leaders taught: 414.
Total participants: 6,500.
No. gaining skills: 2,983.
No. practices adopted: 3,702.
Media contacts: 105,680.

Expended FTE

	Prof	Para	Vol
1984			
1985	0.85		1.81
1986			
1987			

Volunteer

	Pers	Dollar
1984		
1985		$6,624
1986		
1987		

Scope

Co in St: 114; In Rept: 45.

Narrative Accomplishment Report—Mississippi 013086

MS179—GERONTOLOGY PROGRAM (MISSISSIPPI)

Situation

In ancient Greece, most people did not reach their 30th birthday and in 17th century France, half of those who survived birth died before they reached 20 years of age. In 1900, the average life expectancy in America was 47, and now average life expectancy is approximately 75 years of age. There are over 400,000 people 60 years of age or older in Mississippi and the 85 and over age group is the fastest growing segment of our population.

Objectives

The MCES Institute on Aging provides gerontological information and skills in 82 rural counties to improve leadership with older adults in community and institutional settings; change attitudes toward aging; improve decison-making policy issues; education family caregivers in how to cope with depression, dementia and other problems.

Resources

The Institute continues to develop its Gerontology Resource Center for aging agencies, organizations, institutions and the general public. The Resource Center loans audio-visuals and written resources free of charge. Assistance is provided in organizational planning, staff training and evaluation, program planning and evaluation, caregiver support group planning and implementation and many other requests for aging information and program development. A Certificate of Applied Gerontology is awarded to those completing 10 courses (2½ days each) in one of four tracks (health education, administrative, activity or traditional) and an internship, project or paper.

Accomplishment

There were 11,252 Mississippians in 178 meetings that received knowledge regarding aging concerns, 1,358 persons that changed their attitudes in regard to myths to aging and improved their decision-making and leadership skills. There were 174 persons who learned new skills in working with older adults and in better coping with their own aging process. Some of the methodologies used in the educational process were: demonstrations, publications, radio, television, videotaping, workshops and lectures.

Evaluation

The Advisory Board (30 multi-disciplinary members) continues to be a vital force in the Institute by reviewing participant and faculty evaluations and recommending policies and procedures that strengthen the Certificate and overall Institute program. Impacts were measured by pre- and post-evaluation instruments.

Future

More effort is needed in the area of caregiver support group facilitation and education.

Keywords

Organizaton development, management, families, volunteers, general public, advisory council, special interest groups, organizations, leader training, workshops, speaker, program development, group meeting, and audio-visual preparation.

Estimated impacts

Decisionmaking: 1,760 people.
Knowledge gained: 1,760 people.
Access to resources: Saved Mississippians approximately $25,000.

Estimated FTE

	Prof	Para	Vol
1984	1.8		
1985	1.8		
1986	2.0		
1987	2.0		

Reporting plans

	Accom	St Impac
1984	X	
1985	X	
1986	X	
1987	X	

Scope

Co in St; 82; In Prog: 82.

FOUR YEAR PROGRAM AND EVALUATION PLANS—MISSISSIPPI 063085

MS179—GERONTOLOGY PROGRAM—MISSISSIPPI

Situation

Mississippi's elderly population is increasing. There are nearly 500,000 (15.6 percent of total population) persons in Mississippi age 60 or above. Of these 500,000 elderly persons, 54 percent have incomes which are below the poverty level and 2 percent are illiterate. In Mississippi, 81 of the 82 counties have shown a substantial increase in the number of persons 60+ between 1978-1982. There is a growing need to educate the elderly themselves, their families, and the general population about the aging process; the special and particular physical, emotional, and financial problems facing the elderly and, to offer a vehicle to pursue solutions to these special problems.

Objectives

To assist individuals and families in learning about the aging process and in coping with elderly relatives who are experiencing age-related changes.

To educate professionals and paraprofessionals who work daily with the elderly in institutional and day-care settings.

To promote aging awareness in the general population.

Plan of action

The Institute on Aging will provide 40 courses toward a Certificate of Applied Gerontology to 600 Mississippians. These people will be educated in leader training skills and techniques for training others, decision-making and planning on behalf of older adults and in assessment of family needs and resources. The services of the Advisory Board will be used in planning to meet the needs of aging, organizational staff and older adults. The Institute will provide eight video tapes on aging for organizational development of the Mississippi Association of Caregivers to dementia, depression, and disorientation and assistance to the Task Force on Alternative Living Arrangements.

Evaluation

Evaluation will include pre-post tests for courses; competency tests in leadership and communication; feedback from participants by phone, letter, and questionnaire; recording numbers of requests for aid and assistance with appropriate follow-up activities.

Contact

John W. Lovitt, Extension Gerontology Program Specialist, P.O. Box 5406, Mississippi State University, MS 39762, (601) 325-3084.

Keywords

MS179, Mississippi, 1984, 1985, 1986, 1987, Home Economics, Gerontology.

Contact

John W. Lovitt, Gerontology Program Specialist, P.O. Box 5406, Mississippi State, MS 39762 (601) 325-3084.

Keywords

MS179, Mississippi, 1985, home economics, leadership development, life skills, mental health, personal development, elderly, families, leaders, paraprofessionals, volunteers, newsletters, newspapers, publications, radio, television, workshop.

Quantified impacts

Attitudes changed: 1,532 people.
Decision-making improved: 1,532 people.
Knowledge gained: 11,252 people.
Leadership skills improved: 1,532 people.

Expended FTE

	Prof	Para	Vol
1984			
1985	1.8		
1986			
1987			

Scope

Co. in St.: 82; In Rept.; 82; Other: —.

FOREST SERVICE

PROGRAMS SERVING THE ELDERLY

Senior Community Service Employment Program

The U.S. Department of Agriculture, Forest Service, in cooperation with the Department of Labor, sponsors the Senior Community Service Employment Program (SCSEP), which is authorized by Title V of the Older Americans Act, as amended. The SCSEP has three fundamental purposes: (1) part-time income for disadvantaged elderly, (2) training and transition of participants to the private sector labor market; and (3) community services to the general public. This program employs economically disadvantaged persons aged 55 and older in 38 States, the District of Columbia, and Puerto Rico. The SCSEP seeks to improve the welfare of underprivileged, low-income elderly, and to foster a renewed sense of self-worth and community involvement among the rural elderly.

Program participants are involved in projects on National Forest lands such as construction, rehabilitation, maintenance, and natural resource improvement work. Participants receive at least the minimum wage to supplement their personal incomes. A major benefit of the SCSEP program is the opportunity participants have to regain a sense of involvement with the mainstream of life through meaningful work. Additionally, valuable conservation projects are completed on National Forest lands.

The Forest Service's Interagency Agreement for July 1, 1985, to June 30, 1986, provided $21.8 million which employed 6,156 seniors; 21 percent were minorities, and 35 percent were women. Fifteen percent of the participants were later placed in nonsubsidized jobs. The Government reaped a return of $1.51 for each dollar invested in this program.

Volunteers in the National Forests

The Volunteers Program offers individuals from all walks of life the opportunity to donate their services to help manage the Nation's natural resources. This program continues to grow in popularity as people realize how they can personally help carry out natural resource programs. Volunteers assist in almost all Forest Service programs or activities except law enforcement and the collection of fees. They may choose to work in an office at a reception desk, operate a computer terminal, or conduct natural history walks and auto tours. Volunteers may also be involved in outdoor work such as building trails, maintaining campgrounds, and improving wildlife habitat.

During fiscal year 1986, over 6,000 persons aged 55 above volunteered their services in the National Forests.

ITEM 2. DEPARTMENT OF COMMERCE

JANUARY 16, 1987.

DEAR SENATOR HEINZ: Thank you for your letter regarding Department of Commerce (DOC) programs pertaining to older Americans.

Enclosed is our report for 1986. The DOC does not administer any Department-wide activities regarding older citizens. However, our report includes descriptions of relevant programs that benefit the older population and should be included in Developments in Aging, Part II.

Sincerely,

Malcolm Baldrige,
Secretary of Commerce.

Enclosure.

Bureau of the Census

CURRENT POPULATION REPORTS

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Series P-20:	
Educational Attainment in the United States: March 1981 and 1980	390
Persons of Spanish Origin in the United States: March 1982	396
Marital Status and Living Arrangements: March 1984	399
Fertility of American Women: June 1984	401
Households, Families, Marital Status, and Living Arrangements: March 1985 (Advance)	402
Voting and Registration in the Election of November 1984	405
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Series P-23:	
Labor Force Status and Other Characteristics of Persons with a Work Disability: 1982	127
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Money Income and Poverty Status of Families and Persons in the United States: 1985 (Advance Data from the March 1986 Current Population Survey)	154
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Economic Characteristics of Households in the United States: First Quarter 1984 (Average Monthly Data from the Survey of Income and Program Participation)	3
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	No.
Economic Characteristics of Households in the United States: Third Quarter 1984 (Average Monthly Data from the Survey of Income and Program Participation)	5
Economic Characteristics of Households in the United States: Fourth Quarter 1984 (Average Monthly Data from the Survey of Income and Program Participation)	6
Household Wealth and Asset Ownership: 1984 (Data from the Survey of Income and Program Participation)	7
International Research:	
International Trends and Perspectives: Aging	12
Issues and Implications of the Aging Japanese Population (Center for International Research Staff Paper, December 1984)	

OTHER REPORTS, PAPERS, DATA BASES, AND CONTINUING WORK

I. The Federal Interagency Forum on Aging-Related Statistics

The Census Bureau is one of the lead agencies in The Federal Interagency Forum on Aging-Related Statistics, a first-of-its kind effort. The Forum encourages cooperation among Federal agencies in the development, collection, analysis, and dissemination of data on the older population. Through cooperation and coordinated approaches, The Forum can extend the use of limited resources among agencies through joint problem solving, identification of data gaps and overlapping activities, and improvement of the statistical information bases on the older population. The Forum consists of those agencies that develop, collect, analyze, and disseminate data on the aging population. There are three standing committees: (1) Data Needs and Policy Issues; (2) Methodological Issues; and (3) Data Presentation and Dissemination. These committees will provide the Government with a structure for the exchange of information about needs at the time new data are being developed or changes are being made in existing data systems. The chairmen of the Forum are Dr. John G. Keane, Director, Bureau of the Census, and Dr. Manning Feinleib, Director, National Center for Health Statistics. There is also an Oversight Committee of directors of member agencies to enable agency directors to stay closely involved with the issues studied by the Forum. The chairmen of the Oversight Committee are Drs. Feinleib and Keane and Dr. T. Franklin Williams, Director, National Institute on Aging.

II. Projects Underway Between the Census Bureau and the Administration on Aging:

Preparation of a report titled "Guide to 1980 Census Data on Elderly." This guide explains how to locate census data on the older population. The report reviews census products, services, and explains how to obtain them. The report has table outlines from the census publications and summary tape files to show the specific form of data available about the older population. We expect the report to be available by early 1987.

III. Projects Underway Between the Census Bureau and the National Institute on Aging:

a. The Census Bureau prepared special tabulations from the 1980 census for the National Institute on Aging. These tabulations include selected tables from Summary Tape 5 retabulated with 5-year age groups from 60 years to 85 years and over. These tabulations also include other selected tabulations from the 1980 census. The University of Michigan archives these tabulations (Mr. Michael Traugott, 313-764-2570).

b. Developed an international data base on the older population for 31 countries. The University of Michigan archives this data base (Mr. Michael Traugott, 313-764-2570).

c. Established a joint Visting Scholar Program to allow scholars to do research in residence at the Census Bureau.

d. Study of the quality of census data on the elderly includes an evaluation of coverage, age misreporting, estimate of centenarians, and so forth.

e. Preparation of a file from the Survey of Income and Program Participation (SIPP) on the health, wealth, and economic status of the older population. The SIPP file is expected to be completed in early 1987 and will be archived at the University of Michigan.

f. Report on most important data on the older population produced by Census Bureau in previous year.

IV. Papers Written Using the International Data Base on Aging:

Two papers written partly using data from the International Data Base on Aging in October, 1986:

a. "A Comparative Study of the Economics of the Aged," presented at the Conference on Aged Populations and the Gray Revolution in Louvain, Belgium. Ms. Barbara Boyle Torrey and Mr. Kevin Kinsella of the Bureau of the Census and Mr. Timothy Smeeding of the University of Utah are the authors of this paper. The paper presents estimates of how social insurance programs for the aged have grown as a percentage of gross domestic product in several countries partly as a result of lowering retirement age and an increase in real benefits. It then discusses how the labor force participation of the aged in these countries has uniformly declined. Finally, it examines what contribution the social security benefit makes to the total income of the aged at present and how the average income of the aged compares to the average national income in each country.

b. "The Oldest Old—International Perspectives," submitted as a chapter in a future Oxford University Press publication. Ms. Barbara Boyle Torrey and Mr. Kevin Kinsella of the Bureau of the Census and Mr. George Myers of Duke University are the authors of this paper. The paper focuses on three topics related to the oldest old (80+) in eight countries. The topics discussed are demographic trends, marital status and living arrangements, and income. The paper shows cross-country comparisons and trend data on the above topics for the period 1985 to 2025.

c. "An Aging World," to be published in Current Population Reports, Series P-23.

ITEM 3. DEPARTMENT OF DEFENSE

December 9, 1986.

Dear Mr. Chairman: Your letter of September 26, 1986, asked for a report from the Department of Defense chronicling activities on behalf of older Americans.

It is hoped that the enclosed report will be of value in this important program area of concern to us all. Should further information be desired a point of contact on this staff is Larry Kirsch on 697-5421.

Sincerely,

Claire E. Freeman,
Deputy Assistant Secretary of Defense
(Civilian Personnel Policy).

Enclosure.

1986 Report: Developments in Aging

This Department continues to operate a comprehensive retirement planning program for Defense Federal Service employees. Integrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacements to meet future work force needs. The program encourages extensive pre-retirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance. Recent training emphasis has been given on medicare and social security issues. The program also includes trial retirement and gradual retirement options for employees where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue operation of this program in 1987.

The Military Departments and the Defense Agencies, in cooperation with community health officials, continue to provide a number of occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorder, immunizations, and treatments.

Within the Department of Defense, we continue to eliminate discrimination based upon age. On a continuing basis we are examining personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age.

In summary, this Department has operated a comprehensive retirement planning program for civilians, provided extensive health care services to employees and carried out a positive program to preclude discrimination based on age. These program efforts will be continued in 1987.

ITEM 4. DEPARTMENT OF EDUCATION

December 11, 1986.

Dear Mr. Chairman: Enclosed please find the U.S. Department of Education's fiscal year 1986 report chronicling activities on behalf of older Amerians.

Secretary Bennett is pleased to transmit this summary for inclusion in the Committee report entitled "Developments in Aging."

If the Office of Legislation can be of further assistance, please let me know.

Sincerely,

Frances Norris,
Assistant Secretary.

Enclosure.

Adult Education

The U.S. Department of Education is authorized under the Adult Education Act, Public Law 91-230, as amended, to provide funds to the States and outlying areas for educational programs and support services benefiting all segments of the eligible adult population. The purpose of the Act, which was reauthorized in 1984 for 4 years, is to encourage the establishment of programs of adult education that will enable adults 16 years of age or who are beyond the age of compulsory school attendance under State law.

(1) to acquire basic skills needed to function in society; and

(2) to continue their education until completion of the secondary level, if they so desire.

Those adults who have completed the secondary level but are functioning at a lower level are eligible to participate in the program. Students seeking employability skills are also given the means to secure training which will help them to become more employable, productive, and responsible citizens. Federal funds support up to 90 percent of each State's program and up to 100 percent of the program in outlying areas. At least 10 percent of each State's allotment must be used for special experimental demonstration projects and teacher training. In addition to the State administered program, the Act authorizes support for applied research, development, demonstration, dissemination, evaluation, and related activities which will contribute to the improvement and expansion of adult education. These activities may include improving adult education opportunities for elderly individuals and adult immigrants.

In order to discuss the specifics of the efforts aimed at older adults, one must first be aware of the demographic changes which have a profound impact upon the efforts. According to the 1980 census, the median age of the population in that year was 30.1 years. By 1990, the median age is expected to rise to 33 years. This "graying" of the U.S. population will inevitably continue for several decades after 1990.

The education of older persons has rarely ranked high as an educational priority in the United States, although the 1970's may well be considered the decade of growth in educational gerontology. Demographics have tended to make this development inevitable. Nearly half of the 15.6 million adults 70 years old and over, and about 36 percent of the 8.6 million adults age 65 to 69 have had 8 years of schooling or less (1980 census data). Such a high incidence of under-education indicates a need for emphasizing effective basic and coping skills in programs for older adults.

The adult education program, which is administered by the Office of Vocational and Adult Education, is charged with addressing these needs. In 1985, the total number of participants in the program was 2.9 million. The number of participants in the 45 to 59 year range was estimated to be 363,584 and that of the group 60 or older was 185,643. Currently, some 19.08 percent of persons in adult education programs are 45 years of age or older. According to 1982 census data, nearly one-third of all adult illiterates are aged 60 or over. In response to this, the Department of Education has launched a National Adult Literacy Initiative which will help focus on this serious problem.

The adult education program addresses the needs of older adults by emphasizing functional competency rather than grade level objectives. Special projects improve services for older persons through individualized instruction, use of media, home-based instruction, and through curricula focused on coping with daily problems in maintaining health, managing money, using community resources, understanding government and participating in civic activities.

Equally significant is the expanding delivery system, including radio, television, and courses by newpaper, as well as clearinghouses and satellite centers designed to overcome barriers to participation. Where needed, supportive services such as transportation and lunch are provided as well as outreach activities adapting to the life situations and experiences of older persons. Self-learning preferences are recognized and assisted by providing information guidance and study materials. To reach more older persons adult education programs go into senior centers, nutrition programs, nursing homes, retirement centers, and day care centers.

In conclusion, the national adult education program will continue to seek to meet the learning needs of a growing number of older. Americans. Increased cooperation among the organizations, institutions and community groups involved in this area at national, State, and local levels should lead to increased sharing of resources and improved services.

ENFORCEMENT OF THE AGE DISCRIMINATION ACT BY THE DEPARTMENT OF EDUCATION

The Department of Education's (ED) Office for Civil Rights (OCR) is responsible for enforcement of the Age Discrimination Act of 1975 (Act), as it relates to discrimination on the basis of age in federally funded education programs or activities. The Act contains certain exceptions which permit, under limited circumstances, continued use of age distinctions or factors other than age that may have a disproportionate effect on the basis of age.

The general governmentwide regulation for enforcement of the Act was published by the former Department of Health, Education, and Welfare (DHEW) on June 12, 1979, at 45 CFR Part 90, and was effective July 1, 1979. OCR is enforcing the Act under the general governmentwide regulation until an ED specific regulation is published. An ED specific regulation for implementing the Act was submitted to other components in the Department for review and comment during FY 1985. These comments necessitated some changes to the proposed regulation; the final regulation is currently under review by OCR. Once the ED specific regulation is finalized, it will be forwarded to the Secretary of Education for submission to the Secretary of Health and Human Services and, subsequently, to the Office of Management and Budget. After their review and approval, the final ED specific regulation will be published in the Federal Register.

The Act gives OCR the authority to investigate all programs or activities receiving Federal financial assistance that provide student services. OCR does not have the authority to investigate employment complaints under the Act. Employment complaints are sent either to the Equal Employment Opportunity Commission (EEOC), which has jurisdiction under the Age Discrimination in Employment Act of 1967 (ADEA) for certain types of age discrimination cases, or are closed using the DHEW procedures described below.

Under the DHEW procedures, OCR screens complaints alleging age discrimination to determine whether it has jurisdiction, and forwards any age complaints with service issues to the Federal Mediation and Conciliation Service (FMCS) for resolution through mediation. Complaints filed solely on the basis of age are not subject to the time frames for processing complaints imposed on OCR by the U.S. District Court in *Adams* v. *Bennett* (*Adams*), Civil Action No. 3095-70 (D.D.C. December 29, 1977, as modified January 17, 1985). For complaints alleging discrimination on the basis of age and another jurisdiction (i.e., Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin; Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex; and/or Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of physical and mental handicap), the applicable *Adams* time frames are tolled for 60 days (or until the complaint is returned from FMCS, whichever is earlier) to allow FMCS to process the age portion of the case. OCR notifies the complainant(s) of the duration of the tolling of the time frames.

If FMCS is successful in mediating a complaint filed solely on the basis of age within the 60 days allowed, OCR closes the case. If the case is not resolved, OCR begins processing the case by engaging in informal factfinding. If the case is not resolved during the phase, the case is then subject to a full scale investigation by OCR. If the case was filed on the basis of age and another jurisdiction (e.g., Title VI), an attempt is first made by FMCS to mediate the age portion of the case as described above. If FMCS is successful in mediating the age portion of the case within the 60 day time limit, OCR then processes the other allegations in the complaint within the applicable *Adams* time frames. If FMCS is not successful in mediating an agreement between the complainant and the recipient on the age portion of the complaint, the case is returned to OCR, and OCR processes the complaint allegations in accordance with the applicable *Adams* time frames.

Age complaints involving employment filed by persons between the ages of 40 and 70 are referred to the appropriate EEOC regional office under the ADEA, and the

OCR file is closed. EEOC does not have jurisdiction over age/employment complaints that involve persons under 40 or over 70 years of age. If the complainant is under 40 or over 70 years of age and the complaint filed with OCR alleges only employment discrimination, the complainant is informed that there is no jurisdiction under the ADEA, and the case is closed.

Some complaints that involve not only age employment allegations but also employment allegations under another jurisdiction within OCR's authority (e.g., Title VI and Title IX) may be referred to EEOC for investigation. The January 17, 1985, *Adams* order permits OCR to refer to EEOC certain cases alleging individual, as opposed to systemic, employment discrimination under Title VI and Title IX. On February 22, 1985, OCR issued guidance to its regional offices for determining whether the Title VI and Title IX aspects of the complaint should be referred or retained.

Even though it has jurisdiction, OCR may close an age complaint if another agency is processing the case and OCR determines, based on criteria in its Investigation Procedures Manual, that duplication of effort is not warranted. For example, if the Justice Department is in the process of litigating against the same institution on the same or a related issue, the two Departments could determine that, to avoid duplication of effort, the Justice Department will take full responsibility for the complaint. OCR also may close the case under an agreement with another agency, which provides that the other agency will assume full responsibility for the investigation, negotiation, and final resolution of the complaint.

OCR received 51 age-only complaints in fiscal year 1986, 13 of which were forwarded to FMCS for mediation. Four of the 13 cases were successfully mediated by FMCS. These four cases involved the issues of "admission to education programs" and "extracurricular activities." Nine of the 13 cases were not mediated successfully and were returned to OCR for processing. Two of these cases were investigated and no violations were found on the part of the recipient; the remaining seven cases were still under investigation at the end of the fiscal year. The issues most frequently cited in these nine cases were "support services" and "admission to education programs." Two additional cases, which had been forwarded to FMCS in fiscal year 1985, were not successfully mediated and were returned to OCR for processing. Both cases were closed with no violation found and involved the issues of "program requirements" and "admission to education programs." There were no age-only complaints pending at FMCS at the end of fiscal year 1986.

OCR closed 49 age-only complaints in Fiscal Year 1986, some of which had been received in previous fiscal years. Eighteen of the complaints closed were referred to other agencies for processing; seven were closed for lack of jurisdiction; and five were closed for administrative reasons. Thirteen cases were investigated by OCR and resulted in no violation findings. Five complaints were resolved with corrective action on the part of the recipient, and one complaint was withdrawn by the complainant during FMCS mediation without achieving change. There were 17 age-only cases pending in OCR at the end of Fiscal Year 1986.

In Fiscal Year 1986, OCR received 116 multiple-bases age complaints. Of those, 19 were forwarded to FMCS for processing. Four multiple-bases complaints were successfully mediated by FMCS, including one case that was forwarded to FMCS in Fiscal Year 1985, but not successfully mediated until Fiscal Year 1986. The issues cited in these cases were "program services," "admission to education programs," and student/beneficiary treatment." Fifteen multiple-bases cases were not resolved successfully by FMCS and were returned to OCR for processing. Two of the 15 were closed with remedial action; 2 were withdrawn by the complainant after achieving change in their situation; 3 were closed for lack of jurisdiction; and 8 were still pending at the end of Fiscal Year 1986. The issues cited most frequently in these cases were "support services," "program services," and "student/beneficiary treatment." There was one multiple-bases age complaint pending at FMCS on September 30, 1986.

OCR closed 117 multiple-bases age complaints in Fiscal Year 1986, some of which had been received in previous fiscal years. Fifteen of the cases were referred to EEOC or other agencies for processing and closed by OCR; 49 were closed for lack of jurisdiction; and 17 were administrative closures (e.g., complaints were not timely because they were submitted after the filing date in the applicable regulation). Eleven cases were investigated and no violations were found; 4 complainants withdrew their complaints without achieving change in their situations; and 21 complaints were closed with corrective action on the part of the recipient. Of the 21 closures resulting in change, the most frequently cited issues were "support services," "assignment of students," and "student/beneficiary treatment." There were 26 multiple-bases age complaints pending on September 30, 1986.

The 167 cases received in Fiscal Year 1986 containing age as an issue represented approximately 6 percent of the total complaints received by OCR. Thirty-two complaints were referred to FMCS for mediation, eight of which were mediated successfully (including one case that had been referred to FMCS in Fiscal Year 1985). OCR confined its age discrimination compliance activities to complaint investigations, conducting no compliance reviews on age discrimination issues in Fiscal Year 1986.

Although the number of age related complaints received increased from 121 in Fiscal Year 1985 (49 age-only and 72 multiple-bases) to 167 in Fiscal Year 1986 (51 age-only and 116 multiple-bases), the number of pending age related cases remained virtually the same (42 at the end of Fiscal Year 1985 to 4[illegible] at the end of Fiscal Year 1986).

It should be noted that 59 of the age-related cases received in Fiscal Year 1986 were filed by a single complainant (4 age-only and 55 multiple-bases), while in Fiscal Year 1985, there was only 1 age-related complaint filed by the complainant.

OCR has not identified any patterns or practices of age discrimination in programs receiving Federal financial assistance from the Department. No staff training specifically related to age discrimination was initiated in Fiscal Year 1986.

REHABILITATION SERVICES ADMINISTRATION

Basic vocational rehabilitation programs

The State-Federal program of vocational rehabilitation is designed to provide a wide variety of services to handicapped adults for the purpose of placing them into gainful employment. Clients of State rehabilitation agencies can be of any age from the teenage years or older. Although the mean age at referral of persons vocationally rehabilitated in fiscal year 1984 (the latest year for which such data are available), was 32.5 years, 10.8 percent of these persons were 45 to 54 years old, 6.0 percent were 55 to 64 years old and 2.5 percent were 65 years old and over. The total number of persons of all ages rehabilitated in fiscal year 1984 was 225,772. Age is not a barrier to eligiblilty for services for older disabled persons who wish to work.

Discretionary programs

The Vocational Rehabilitation Services Administration also administers grants for a number of discretionary programs in which older Americans may be served, such as, Special Projects for Severely Disabled Individuals, Special Recreation Programs and Centers for Independent Living Projects. The data on the actual number of older Americans served in these programs however, are not available.

One program, which specifically focuses on older persons, is the Independent Living Services for Older Blind Individuals program.

This program was funded for the first time in fiscal year 1986.

The purpose of these projects is to provide for independent living rehabilitation services needed by older blind individuals, including persons with severe loss of vision, in order for them to adjust to blindness by becoming more independent in caring for their individual needs. Such services will enable older blind individuals to live more independently in their homes and communities with the maximum degree of self-direction.

The population to be assisted by projects under this program are defined by statute as individuals who are 55 years of age for whom because of blindness or severe visual impairments, gainful employment would be extremely difficult to attain. However, independent living services are both feasible and appropriate for this population in that such services can have a lasting and permanent impact towards increasing personal indpendence as well as more active or continued participation in family and community life.

One successful outcome of this program would be to reduce the risk of premature or unnecessary institutionalization for participating individuals.

In fiscal year 1986, this program funded 24 new projects. The average award was about $200,000.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

The National Institute on Disability and Rehabilitation Research, authorized by Title II of the Rehabilitation Act, has specific responsibilities for the provision of a comprehensive and coordinated approach to the administration of research, demonstration projects and related activities for the rehabilitation of disabled persons, including programs designed to train persons who provide rehabilitation services and persons who conduct research. The institute is also responsible for facilitating the distribution of information on developments in rehabilitation procedures, methods and devices to rehabilitation professionals and to disabled individuals to assist such individuals in living more independent lives. The Institute's programs which impact on the aging population include:

REHABILITATION RESEARCH AND TRAINING CENTERS

These centers serve as a national resource for the conduct of a full spectrum of rehabilitation research activities. Research is conducted in settings where patient/client services, research and training are viewed as interdependent activities essential to maximizing the rehabilitation of disabled individuals. The rationale for this operational approach is the belief that research cannot be isolated and still be effectively utilized.

Rehabilitation Research and Training Centers on Aging.—In response to an increased public concern about the lack of rehabilitation services for the older disabled population, the National Institute on Disability and Rehabilitation Research supports two centers which focus on rehabilitation of aging persons. Research is directed toward the identification of the rehabilitation needs of elderly persons and the development of appropriate rehabilitation techniques. These centers are as follows:

—Rancho Los Amigos Rehabilitation Research and Training Center on Aging, Rancho Los Amigos Medical Center, University of Southern California, Downey, California. This Center, established in 1980, is a collaborative effort between the Rancho Los Amigos Rehabilitation Hospital, the Ethel Percy Andrus Gerontology Center and the School of Medicine of the University of Southern California. Research is focused on comprehensive and coordinated physical, psychological, social and vocational rehabilitation techniques and modalities, including new technology, directed toward restoring, preserving or enhancing the older disabled person's ability to function productively and independently. The Center's training activities, designated to improve knowledge, skills and attitudes regarding older persons in rehabilitation, is targeted first of all to students and practitioners in health disciplines and secondarily to administrators, educators, consumers and legislators.

Research and Training Center for Rehabilitation of Elderly Disabled Individuals, University of Pennsylvania, Philadelphia, Pennsylvania. Established in 1985, the Center employs a variety of rehabilitation, mental health and gerontological resources in meeting the interdisciplinary needs of aging persons with regard to rehabilitation. The Center's two major programs are: (1) the integration of rehabilitation into the mainstream of medical practice, with an emphasis on long-term management of chronic conditions and their consequences; and (2) vocational rehabilitation of the older disabled worker, including an exploration of rehabilitation methodologies which may enable them to return to the workplace. Center staff edited "Aging and Rehabilitation: Advances in the State of the Art" (1986), the proceedngs of a 1984 conference supported by NIDRR and the National Institute of Mental Health, in cooperation with the National Institute on Aging.

REHABILITATION ENGINEERING CENTERS

Rehabilitation Engineering Centers conduct programs of advanced research of an engineering or technological nature which can be applied toward solving problems encountered in the rehabilitation of disabled persons. The centers are also encouraged to develop systems for the exchange of technical and engineering information, and to improve the distribution of technological devices and equipment to disabled persons. Although there is no center specifically devoted to the problems of the elderly, the technological advances resulting from center research benefit this population. This technology includes research on improvements in wheelchairs for the disabled, orthotics and prostheses, improved mobility through the use of functional electrical stimulation to paralyzed muscles, and devices to aid hearing and visually impaired individuals.

Research and Demonstration Projects

This is a program encompassing discrete research and demonstration projects primarily directed toward discovering new knowledge and overcoming significant information gaps in the rehabilitation of severely disabled persons. A project currently supported which impacts on the aging population is:

—Technology Application in Aging, jointly funded by NIDRR, VA, AOA, NIA and NASA, is developing a low vision device and an aid for managing and the tendency to wander among older persons.

Field Initiated Research

The Field Initiated Research program, implemented in fiscal year 1984 has as its purpose to assist in conducting research and demonstration projects in areas with direct bearing on the development of methods, procedures and devices to aid in the provision of vocational and other rehabilitation services to disabled individuals. Currently supported projects examining problem in the rehabilitation of elderly persons include:

—The Development of a Unique Educational Program for Teaching of Visuals to the Elderly Blind

—Factors Affecting the Well-Being of Elderly Mentally Retarded Individuals

—Work Disability: Disability Management and the Older Worker

—Social Skills Training for Older and Younger Persons with Severe Disabilities

Innovation Grants

This is a program of small grants awarded in order to test new concepts and innovative ideas; demonstrate research results of high potential benefits; and purchase and evaluate prototype aids and devices. Recently supported projects of relevance include:

—Innovative Curriculum Development Research (for in-service rehabilitation training curricula geared to providers of long-term care to elderly visually impaired individuals).

Switzer Fellowships

The Institute sponsors the Mary E. Switzer Fellowship Program, which provides fellowships to highly qualified persons to engage in scientific research related to the solution of the rehabilitation problems of disabled persons. A recent Switzer Fellow researched the following topic:

—Research Project on Telecommunications: To Enhance Employment and Independent Living for Disabled and Elderly Adults.

ITEM 5. DEPARTMENT OF ENERGY

December 18, 1986.

Dear Mr. Chairman: In response to your letter of September 26, 1986, requesting an update of the Department's current and upcoming activities of particular interest to older Americans, I am submitting the following enclosure that describes departmental activities in areas of energy efficiency programs, information collection and distribution, public participation, and research on the biological and physiological aging process.

I am pleased to contribute to your annual report of Federal activities and programs of interest and assistance to older Americans.

Yours truly,

John S. Herrington.

Enclosure.

Introduction

The President's fundamental energy policy objective is to provide an adequate supply of energy at reasonable cost for all Americans. This Administration has met success in striving toward this goal and improving the energy climate for the older American. It has done so by minimizing Federal control and involvement in energy markets—and by promoting a balanced and mixed energy resource system, which guards against supply disruptions and maintains public safety, health and environmental quality. This policy has been designed and implemented with sensitivity to the energy needs of older Americans and to the impact of energy costs on the household budgets of elderly citizens.

The result has been a far better return for the consumer's energy dollar, with energy costs that are far lower today than they were 5 years ago. For example, from August 1981 to August 1986, average gasoline costs decreased 50 cents per gallon. A similar pattern is apparent in the price of home heating oil. From July 1981 to July 1986, residential heating oil prices decreased by 55 cents per gallon. This improved energy value and the reversal of the drastic energy price increases of the 1970's have been particularly valuable to older Americans, many of whom are on fixed incomes. Importantly, this saving to Americans, young and old, has been achieved along with dramatic progress in energy efficiency, diversification, production and reduced vulnerability to supply disruption.

The following provides other Department of Energy (DOE) activities of particular interest to the elderly.

ENERGY EFFICIENCY PROGRAMS

Weatherization Assistance Program.—The low-income elderly and the handicapped receive priority under this program which provides grants for the installation of insulation, weatherstripping, storm windows, and other energy-saving measures.

In 1986, the Weatherization Assistance Program awarded $183,016,000 in grants to the States and 25 Native American tribal organizations for the weatherization of homes of low-income people. Reports submitted from the inception of the program through September 1986, indicate 1,775,483 low-income homes were weatherized and that 898,868 of those dwellings were occupied by the elderly. In fiscal year 1986, 153,873 homes were weatherized.

Institutional Conservation Program.—Title III of the National Energy Conservation Policy Act provided for a matching grant program to support, among other things, professional analyses of the energy conservation potential in public care facilities. The effort of this program is to identify for building operators ways to conserve energy and thus cut their operating costs. The program also hopes to influence the capital investment decisions of an institution's management. In 1986, the Institutional Conservation program awarded grants totalling $50,046,937.

INFORMATION COLLECTION AND DISTRIBUTION

The Energy Information Administration collects and publishes comprehensive data on energy consumption in the residential sector through the Residential Energy Consumption Survey. This survey includes data collected from individual households throughout the country along with actual billing data from the households' fuel suppliers for a 12-month period. The data include information on energy consumption, expenditures for energy, cost by fuel type, and related housing unit characteristics (such as size, insulation, and major energy-consuming appliances).

The results of this survey are analyzed and published by the Energy Information Administration. The most recent Residential Energy Consumption Survey that contains data pertaining to the elderly was conducted between April 1984 and March 1985. Results of this survey are reported in the Residential Energy Consumption Survey: Housing Characteristics 1984. This report provides data on energy-related characteristics of housing, including the square footage of floor space, the use of fuels and the use of conservation items. The energy-related characteristics are categorized by the age of the householder. The survey shows that the incidence of conservation measures declines for householders age 45 years or older.

Estimates of consumption and the expenditures of electricity, natural gas, fuel oil, kerosene, and liquefied petroleum gas for elderly households will be reported in Residential Energy Consumption Survey: Consumption and Expenditures, April 1984 through March 1985, Part 1, National Data and Part 2, Regional Data. These reports will be published early 1987. Two other reports containing energy data as it related to the elderly will be published in 1987 also. The first report, Consumption Patterns of Household Vehicles, 1985 presents data on energy used in personal vehicles, including annual miles traveled, gallons of fuel consumed, type of fuel used, price paid for fuel and vehicle miles-per-gallon. The second report, Residential Energy Consumption Survey: Trends in Consumption and Expenditures 1978–1984 will discuss the amount of energy consumed and the moneys expended for this energy between 1978 and 1984.

The published reports can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20401 and from the National Energy Information Center, 1000 Independence Avenue, S.W., Washington, D.C. 20585.

PUBLIC PARTICIPATION ACTIVITIES

During fiscal year 1986, the U.S. Department of Energy (DOE) has remained active with the National Energy and Aging Consortium, a network of more than 50 organizations from the public and private sectors. This organization is the only one of its kind that brings Federal agencies together with national aging organizations and the private sector to discuss and implement solutions to the energy-related needs of the elderly.

The Division of Consumer Affairs has represented the Department in the Consortium. Through participation in this group, DOE has exercised leadership in forming partnerships with a variety of organizations that have worked to meet the energy needs of the elderly.

The Consortium held a national conference on energy and the elderly February 26–28, 1986, in Washington, D.C. The Division of Consumer Affairs was involved in the planning effort. The conference theme was "Building Partnerships for the Future of Our Aging Society." DOE Assistant Secretary for Conservation and Renewable Energy, Donna R. Fitzpatrick, provided a major address during this event.

The Energy Department's staff has maintained open channels of communication with Federal agencies and departments for the purpose of improving information exchange about energy assistance programs. This information exchange gives particular emphasis to programs that allow for special attention to the elderly.

The Department of Energy also has initiated a bi-monthly consumer information column for distribution to more than 3,000 daily and weekly newspapers on a nationwide basis. The column is written for all age groups; but periodically, information more specifically of concern to the elderly community is addressed. The same is true of a twice-monthly DOE national radio program conveying energy information and welcoming comments and viewpoints.

RESEARCH RELATED TO BIOLOGICAL AGING

In 1986, the Office of Health and Environmental Research (OHER) administered a program of research to identify and characterize the health impacts of energy production and use. In assessing the energy-related health impacts, the Department continues to identify and characterize long-term, late-appearing effects induced by chronic exposure to low levels of hazardous chemical and physical agents. Health effects caused by chronic low-level exposure to energy-related toxic agents often develop over the entire lifespan. Consequently, such effects must be clearly distinguished from the normal and aging processes. To make a valid distinction between induced effects and spontaneously occurring changes, information on changes occurring throughout the lifespan is collected for both experimental and control groups. These data help to characterize the normal aging processes as well as the toxicity of energy-related agents over time. Additional studies are conducted to obtain a better understanding of the aging process itself. Thus, DOE sponsors two categories of studies related to biological aging: (a) studies indirectly concerned with biological changes occurring over long periods of time in animals and in humans; and (b) studies designed to elucidate the biological processes in aging. As in the past, lifetime studies of humans and animals constitute the major effort in ongoing research related to biological aging. Research directly concerned with the aging process has been conducted at several of the Department's contractor facilities. Summarized below are specific research projects addressing aging that the Department sponsored in 1986.

Long-Term Studies of Human Populations

These studies provide valuable data on health effects and life shortening in human populations exposed to hazardous chemical and physical agents associated with energy technologies. Additional information on lifespan and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selective basis.

The Radiation Effects Research Foundation (RERF), sponsored jointly by the United States and Japan, continued work on a lifetime follow-up of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study.

An important feature of this study is the acquisition of valuable quantitative data on dose-response relationships. Studies specifically concerned with age-related changes also are conducted. No evidence of radiation-induced premature aging has been obtained.

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. Thyroid pathology, which has responded well to medical treatment, has been prevalent in individuals heavily exposed to radioiodine. (This study is currently conducted under the auspices of the Department's Office of Defense Programs.)

Nearly 2,000 persons exposed to radium, occupationally or for medical reasons, have been studied at the Center for Human Radiobiology, Argonne National Laboratory.

Other studies currently involving the Department include:

—A Los Alamos National Laboratory epidemiologic study of plutonium workers at six Department of Energy facilities. An estimated 15,000 to 20,000 workers will be followed in this retrospective mortality study.

—A study of some 600,000 contractor employees at Department of Energy facilities who are being analyzed in an epidemiologic study to assess health effects produced by long-term exposure to low-levels of ionizing radiation.

—The U.S. Uranium/Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, is collecting occupational data (work, medical, and radiation exposure histories) as well as information on mortality in worker populations exposed to plutonium or other transuranium radioelements. At the present time, 14,500 workers from 10 facilities are registered with the foundation. Autopsy data have been obtained in 339 cases.

—A study to determine possible relationships between the work environment and mortality risk is being conducted on 90,000 workers employed at 8 shipyards since the early 1950's. Approximately 50,000 of these workers have had exposure to external radiation.

Lifetime Studies in Short-Lived Mammals

Although human studies are indispensable in assessing health impacts associated with any hazardous agent, they have inherent limitations that make it necessary to acquire quantitative data from controlled lifetime studies of animal populations.

Small rodents with lifespans of 2 to 3 years (rats, mice, and hamsters) provide data in a minimum of time and at low cost, and they have been extensively used in large-scale studies of the effects induced by low doses of ionizing radiation. Major studies are currently underway at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Battelle-Pacific Northwest Laboratory, the Oak Ridge National Laboratory, the University of Utah, and the Lovelace Inhalation Toxicology Research Institute.

Lifetime Studies with Long-Lived Mammals

From some points of view, long-lived mammals represent better human surrogates than do their short-lived counterparts. Thus, obtaining quantitative data on responses of long-lived species to hazardous agents is important—and studies are now being conducted at the Argonne National Laboratory, the University of Utah, the University of California, Davis, the Lovelace Inhalation Toxicology Research Institute, and the Pacific Northwest Laboratories. This research increases our knowledge of lifespan, age-related changes, morbidity, mortality, and causes of death, as well as alterations in these characteristics that may be induced by radiation. Because of the cost and time involved, these lifetime studies were initiated on a highly selective basis, and currently no new studies are being started.

RESEARCH DIRECTLY CONCERNED WITH AGING

Interest in biological aging has continued in several of the Department of Energy laboratories and has resulted in additional research at the molecular, cellular, and organismal levels of biological organization. Examples include (a) research at the Lovelace Inhalation Toxicology Research Institute on effects of age on lung function and structure of adult animals, and (b) effect of age on the efficacy of zinc diethylenetriaminepentaacetic acid (Zn-DTPA) in the removal of americium and plutonium from mammals.

TRENDS AND PROSPECTS

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy technologies, lifetime studies of animal and human populations will continue. There is a particular need for lifespan data on responses to individual chemical agents and to combinations of toxic chemicals. In future research, lifetime studies involving short-lived species will be emphasized. No new lifetime studies involving long-lived animals are planned. Effort in research on molecular and cellular aspects of aging in mammals is expected to increase. As a result, additional information on age-related changes in both animals and humans should be forthcoming.

ITEM 6. DEPARTMENT OF HEALTH & HUMAN SERVICES

DECEMBER 18, 1986.

DEAR MR. CHAIRMAN: In response to your request, we have prepared several annual reports on our Department's programs and services for the elderly to be included in your Committee report entitled, "Developments in Aging." Reports from the following agencies are attached:

Office of Human Development Services, including Title XX Social Services Block Grant Program, Administration on Aging; Social Security Administration; Health Care Financing Administration; Office of Inspector General; Office of General Counsel; Family Support Administration; Office of Planning and Evaluation; Public Health Service, including Alcohol, Drug Abuse, and Mental Health Administration, Centers for Disease Control, Food and Drug Administration, Health Resources and Services Administration, National Institutes of Health, National Center for Health Statistics, National Center for Health Services Research/Health Care Technology Assessment, Office of the Surgeon General, Office of Minority Health, Office of Disease Prevention and Health Promotion

As always,

Dr. RONALD F. DOCKSAI,
Assistant Secretary for Legislation.

OFFICE OF HUMAN DEVELOPMENT SERVICES: TITLE XX SOCIAL SERVICES BLOCK GRANT PROGRAM

The major source of Federal funding for social services programs in the States is title XX of the Social Security Act, the social services block grant (SSBG) program. The Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35) amended title XX to establish the SSBG program under which formula grants are made directly to the 50 States, the District of Columbia, and the eligible jurisdictions (Puerto Rico, Guam, Virgin Islands, and the Commonwealth of the Northern Mariana Islands) for use in funding a variety of social services best suited to the needs of individuals and families residing within the State. Public Law 97-35 also permits States to transfer up to ten (10) percent of their block grant funds to other block grant programs for support of health services, health promotion and disease prevention activities, and low-income home energy assistance.

Under the SSBG, Federal funds are available without a matching requirement. In fiscal year 1986, a total of $2.7 billion was alloted to States. Within the specific limitations in the law, each State has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among the various services within the State. State and/or local title XX agencies (i.e. county, city, regional offices) may provide these services directly or purchase them from qualified agencies and individuals.

A variety of social services directed at assisting aged persons to obtain or maintain a maximum level of self-care and independence may be provided under the SSBG. Such services include, but are not limited to: adult day care, adult foster care, protective services, health-related services, homemaker services, chore services, housing and home maintenance services, transportation, preparation and delivery of meals, senior centers, and other services that assist elderly persons to remain in their own homes or in community living situations. Services may also be offered which facilitate admission for institutional care when other forms of care are not appropriate.

Under the SSBG, States are not required to submit data that indicates the number of elderly recipients or the amount of expenditures provided to support specific services for the elderly. States are required, prior to the expenditure of funds for the SSBG, to prepare a report on the intended use of the funds including information the type of activities to be supported and the categories or characteristics of individuals to be served. States are also required to prepare a report on their activities at least every 2 years. The reports are in the form and contain such information as the State finds necessary to provide an accurate description of its activities, to record the purposes for which funds were spent, and to determine the extent to which funds were spent in a manner consistent with their plans.

Based on an analysis of pre-expenditure reports submitted by the States for fiscal year 1986, the list below indicates the number of States providing certain types of services to the aged under the SSBG.

Services	*Number of States*[1]
Home-Based Services[2]	55
Adult Protective and Emergency Services	46
Disabled Services	41
Health Related Services	36
Information and Referral	34
Transportation Services	33
Adult Day Care	31
Home Delivered/Congregate Meals	28
Adult Foster Care	18
Housing Services	18

[1] Includes 50 States, the District of Columbia, and the four eligible territories and insular areas.

[2] Includes homemaker, chore, home health, companionship, and home maintenance services.

In enabling the elderly to maintain independent living, all States provide Home-Based Services which frequently includes homemaker services, companion and/or chore services. Homemaker services may include food preparation, light housekeeping, and personal laundry. Companion services can provide personal aid to, and/or supervision of, aged persons who are unable to care for themselves without assistance. Chore services frequently involve performing home maintenance tasks and heavy housecleaning and food shopping for the aged person who cannot perform these tasks.

As reflected above, 46 States currently provide Adult Protective and Emergency Services to persons generally sixty years of age and over. These services may consist of the identification, receipt, and investigation of complaints and reports of adult abuse. In addition, this service may involve providing counseling and assistance to stabilize a living arrangement. If appropriate, Adult Protective and Emergency Services may also include the provision of, or arranging for, home based care, day care, meal service, legal assistance, and other activities to protect the elderly.

OFFICE OF HUMAN DEVELOPMENT SERVICES: ADMINISTRATION ON AGING

Executive Summary

This report covers programs and the activities implemented by the Administration on Aging (AoA) during fiscal year 1986. It has been prepared by the Commissioner on Aging for transmittal to the Congress and the President pursuant to Section 207 of the Older Americans Act of 1965, as Amended (the Act). The report also describes AoA's evaluation projects as required under Section 206 and long-term care activities as required under Section 423.

The Administration on Aging is located in the Office of Human Development Services, Department of Health and Human Services. The agency was established in 1965 in accordance with the provisions of the Older Americans Act. Among other responsibilities, the Act charges AoA with providing leadership within the Federal Government for building strong intergovernmental partnerships to address the concerns and problems of older Americans. In fiscal year 1986, Congress appropriated $671,209,800 to AoA for the support of programs and activities authorized by the Act.

Section I of this report describes AoA's role and functions. It highlights various activities undertaken by AoA in partnership with other Federal agencies and private organizations to foster the coordination of programs affecting older persons. A major responsibility of AoA is to provide leadership to other Federal agencies, private organizations, and the National Network on Aging relative to their efforts on behalf of the elderly. Toward this end AoA has developed and implemented a variety of special initiatives aimed at improving the quality of life for older persons. Examples of areas in which special initiatives were undertaken during fiscal year 1986 include: health promotion; Alzheimer's disease; housing; elder abuse; family caregiving; and an Older Americans Month celebration.

Another illustration of a special AoA effort is the development of a forward plan of program activities for fiscal years 1987–89. This plan includes five major objectives dealing with issues critical to the current and future well-being of older Americans. These objectives reflect areas in which AoA currently provides direct leadership as well as areas in which the agency can serve as a catalyst in bringing about heightened awareness of, and preparation for, meeting the needs of the elderly on the part of other agencies and organizations.

Section II of this report addresses the activities implemented under Title III of the Older Americans Act through which AoA aids States and communities in developing "comprehensive and coordinated service systems to serve older individuals." Funds to support the establishment, maintenance, and expansion of these service systems are provided through formula grants for supportive and nutrition services. Funds are awarded to State Agencies on Aging which then make grants on a substate basis to Area Agencies on Aging for the planning and management of services. The Area Agencies award Title III funds to local providers for the actual delivery of services to older persons. Like AoA, State and Area Agencies on Aging are also charged under Title III with advocacy responsibilities on behalf of older persons.

During Fiscal Year and for the next several years, the Administration on Aging is embarking upon a more aggressive effort to assist vulnerable older persons and their families in finding appropriate help to maintain their independence within their own communities and to delay or prevent unnecessary institutionalization. AoA believes that these efforts can best be realized by providing State and Area Agencies on Aging with the flexibility that will allow them to strengthen existing local systems to make them visible, easily accessible and responsive to the needs of older Americans, particularly the most vulnerable.

In Fiscal Year 1986, the 57 State Agencies on Aging, including the thirteen States and Territories that have designated their entire geographic areas as single Planning and Service Areas, received a total of $640 million of Title III funds. Of this amount, approximately 87 percent was used for supportive and nutrition services. The remainder was spent for administrative purposes by the State Agencies on Aging.

Title III-B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories—access services, in-home services and other community and neighborhood services. Access services are transportation, outreach, and information and referral. Most in-home services include housekeeping, personal care, chore and visiting, and telephone reassurance. Community and neighborhood services include legal services, residential repair, escort services, health services, physical fitness programs, pre-retirement and second career counseling, and other services.

Title III-C nutrition services are designed to provide meals to older persons in congregate settings or delivered to the older person's home. Most social services and congregate meals are provided at multipurpose senior centers, many of which have been designated as community focal points.

Section III of this report addresses Title VI, which authorizes direct grants to qualified Indian tribal organizations for the provision of supportive services and nutritional services for older Indians that are comparable to services provided under Title III. During fiscal year 1986, grants were provided under Title VI to 133 tribal organizations in the amount of $7,177,500. Services to Indian tribes were improved in fiscal year 1986 by expanding the role played by Regional Offices which provided support to the Title VI program by serving as the primary point of contact for Indian leaders operating programs for the elderly. The Regional Offices successfully provided management assistance and important opportunities for collaboration between Indian leaders and State officials working in the field of aging.

Section IV of the report discusses Title IV, a program of discretionary grants and contracts which supports education, training, research and demonstration activities directed toward the improvement of services to older citizens. In Fiscal Year 1986, Congress appropriated $23,925,000 to support activities under Title IV of the Act.

During fiscal year 1986, AoA continued its support for a variety of education and training programs. Under title IV-A of the Act, support continued for a wide range of gerontology training programs. This support included: (1) development and improvement of educational programs for persons preparing for paraprofessional and professional careers in the field of aging; (2) gerontology or geriatric programs and materials for training aging network personnel; (3) new aging education and training programs with a multidisciplinary approach; (4) training and development of minorities for work in the field of aging; and (5) examination of existing and future manpower needs in the field of aging.

In addition to the activities cited above, AoA support was also extended to a variety of search, demonstration, and other projects which specifically focus on the improvement of services to older citizens. The primary objective of AoA-supported research is to develop knowledge that will increase the capacity of State and Area Agencies on Aging, in both the private and public sectors, to assist older persons in achieving and maintaining economic and personal independence. AoA-funded demonstration projects seek to test new models, systems, and approaches for providing and delivering services.

Under Title IV-B of the Act, AoA targeted most of its research and demonstration efforts on the following programs areas of priority interest and concern to the elderly: preparation for an aging society; strengthening the functioning of State and local agencies and Tribal governments; and support for family caregivers.

Research and development efforts were directed toward identifying and assessing new approaches and methods for improving the life circumstances of older persons. Emphasis was placed on the development and dissemination of new knowledge and information which may be applied by policymakers, program managers and practitioners concerned with the well-being of older persons.

AoA continued its support of long-term care under Title IV-B of the Act. The purpose of AoA's long-term care activities is to develop a continuum of care ranging from prevention to maintaining maximum independence and self-sufficiency. AoA's long-term care initiatives stem from a concern that chronically ill and functionally impaired older persons have access to appropriate community-based care in order to prevent premature or unnecessary institutionalization. A generic caregiver booklet, designed to provide information to caregivers of older people, including those caregivers and concerned relatives who may live in a different part of the country than the older person, was developed by AoA. Strategies that focus on the printing and widespread dissemination of the booklet by national, State, and local public and private groups is now underway.

Section V of this report outlines AoA's evaluation activities authorized under Title II of the Older Americans Act. During fiscal year 1986 AoA completed and disseminated to State and Area Agencies on Aging an instrument and users guide to be used to assess the effectiveness and impact of substate long-term care ombudsman programs.

Section V of the report is followed by a series of Appendixes which include more detailed information on subjects covered in the body of the report.

INTRODUCTION

This report describes the major activities of the Administration on Aging (AoA) in fiscal year 1986. Title II of the Older Americans Act of 1965 (the Act) established the Administration on Aging as the principal Federal agency for carrying out the provisions of the Act. The Older Americans Act seeks to remove barriers to economic and personal independence for older persons and assure the availability of appropriate services for those older persons in the greatest social or economic need. The provisions of the Act are implemented primarily through a national "network on aging" consisting of the Administration on Aging at the Federal level, State and Area Agencies on Aging established under Title III of the Act and the agencies and organizations providing direct services at the community level. In fiscal year 1986, Congress appropriated $671,209,800 to support programs and activities to implement the provisions of the Act, which are administered by AoA. This excludes $200,000 available for the Federal Council on Aging under the Older Americans Act appropriation. (See Appendix I for a summary of AoA's budget for fiscal year 1986.)

This report is divided into four sections. Section I describes AoA's roles and functions. It highlights various activities undertaken by AoA, in partnership with other Federal agencies and private organizations, to launch new national initiatives and foster the coordination of Federal programs related to older persons. Section II provides an overview of the provisions of Title III of the Older Americans Act. It summarizes the principal activities of the network of State and Area Agencies on Aging in fiscal year 1986. Section III describes the Title VI program of grants to Indian tribal organizations. Section IV presents a summary of AoA's fiscal year 1986 discretionary activities under Title IV, and a description of the fiscal year 1986 special activities and initiatives conducted by AoA designed to improve the capacity of State and local governments to provide quality long term care for older persons. The report is followed by a series of Appendices which include additional information on the subjects covered in the body of this report.

SECTION I. THE ADMINISTRATION ON AGING

ROLE AND FUNCTION OF AOA

The Administration on Aging (AoA) is located in the Office of Human Development Services, Department of Health and Human Services (DHHS). AoA programs are administered through a Central Office located in Washington, D.C. and 10 Regional Offices. Title II of the Older Americans Act, as amended, describes the basic roles and functions of AoA. Chief among these are to administer the programs authorized by Congress under Titles III, IV, and VI of the Act and to serve as an effective and visible advocate for older persons within the Department and with other agencies and organizations at the national level.

The AoA Regional Offices provide direction and guidance to the State Agencies on Aging funded under Title III. They assist Governors and other State officials with planning and program implementation, approve Title III State plans and monitor the collection of Title III performance data. Regional Offices also administer selected discretionary grants, including some model projects and training grants authorized under Title IV.

AoA provides advice, assistance, and consultation to the Assistant Secretary for Human Development Services, the Secretary of Health and Human Services, other Federal agencies and to Congress on the characteristics, circumstances and needs of older persons. The Agency also reviews and comments on departmental policies and regulations concerning services which affect the health and general well-being of older persons.

During fiscal year 1986, and for the next several years, the Administration on Aging is embarking upon more aggressive efforts to assist vulnerable older persons and their families in finding appropriate help to maintain their independence within their own communities and to delay or prevent unnecessary institutionalization. AoA believes that these efforts can best be achieved by providing State and Area Agencies on Aging with the flexibility that will allow them to strengthen existing local systems to make them more visible, easily accessible and responsive to the needs of older Americans, particularly the most vulnerable.

AoA continues to work with State and Area Agencies on Aging in developing ways in which all of the players (public, private, voluntary and religious organizations, as well as dedicated individuals) can work together effectively in developing comprehensive and responsive community systems dedicated to maintaining the independence of older Americans. These efforts will focus on strengthening the roles of State and Area Agencies on Aging—as catalysts, information and referral centers and as brokers of services—to help enhance, not replace, individual self-sufficiency, family care-giving and other traditional forms of community support. The building and strengthening of coordinated community services systems for the elderly and their families is the overall goal of these efforts undertaken by AoA during fiscal year 1986.

In order for this to occur, communities must take positive action to build integrated and responsive systems of care. The Area Agency on Aging is the key organization that must forge linkages between existing systems of services within each community. AoA is working with State and Area Agencies on Aging to strengthen efforts that will build a system of services providing a continuum of care for older persons within each American community. Each system must, in turn, be tailored to meeting the special needs and circumstances of individual communities.

Among the activities undertaken during the past year to help stimulate systems development, AoA has developed a community checklist that can be used by leaders and citizens of every community in the Nation to assess their local systems and determine if current systems building and improvement efforts at the local level are being responsive to the needs of older people. The checklist can be a useful tool in heightening awareness of community responsibility of the special needs of the elderly and to the necessity of forging systems of care that are appropriate to an individual elderly person's needs, capacities, and resources.

A major responsibility of the Administration on Aging is to provide leadership to other Federal agencies and the national network on aging relative to their efforts on behalf of the elderly. Toward this end, AoA has developed and implemented a variety of special initiatives aimed at improving the quality of life for older persons. Examples of special initiatives undertaken during fiscal year 1986 are described below.

NATIONAL HEALTH PROMOTION INITIATIVE

Recognizing the personal and societal benefits of healthier lifestyles for older persons, AoA and the Public Health Service (PHS) have undertaken a multiyear effort to encourage States and local communities to develop ongoing health promotion activities for older Americans. The goals of the National Health Promotion Initiative for Older Persons include: (1) enhancing the quality of life for older Americans through improvement of their health status; (2) focusing attention on health promotion and disease prevention, especially in the areas of injury control, nutrition, physical fitness, and drug management; and (3) reducing health care costs caused by preventable conditions.

In fiscal year 1986, progress continued in implementing this nationwide joint initiative. The strategy of the joint AoA/PHS Health Promotion Initiative is to facilitate cooperate activities at the State level between State Agencies on Aging and State Health Departments and at the local level between Area Agencies on Aging and appropriate local health and voluntary agencies and organizations. AoA and PHS provide both leadership and assistance for designing and implementing local programs.

In fiscal year 1986, the original Memorandum of Understanding (MOU) between AoA and PHS was revised to incorporate a 3-year agenda which added priorities for fiscal year 1986, fiscal year 1987, and fiscal year 1988. These include: smoking cessation; mental health; dental health; adult immunization; driver and pedestrian safety; and prevention of fire and smoke-related accidents and injuries. The revised MOU also incorporates a commitment between PHS and AoA to ensure a gerontological focus in the curricula of various health care professionals.

In implementing this initiative, AoA worked closely with the National Voluntary Organizations for Independent Living for the Aging (NVOILA), a membership affiliate of the National Council on the Aging. AoA participated in the final preparations for NVOILA's 1986 health promotion calendar which was developed with AoA funds. 9,000 copies of the calendar were printed and disseminated to State and Area Agencies on Aging and lead State agencies on health promotion.

The AoA/PHS Health Promotion Steering Committee recommended nine State and three Regional Offices to receive awards for exemplary service under the Health Promotion Initiative. The States which received joint commendations from the Surgeon General and the Commissioner on Aging were: New Hampshire; New Jersey; Virginia; North Carolina; Michigan; Arkansas; Kansas; Utah; and Idaho. The three Regional Offices selected were: Region II—New York; Region VI—Dallas; and Region VII—Kansas City.

Two reprints and five new documents prepared by the Aging Health Policy Center on health promotion topics were published. The reprints were: *Health promotion and Aging: Strategies for Action;* and *Health Promotion and Aging: An Annotated Bibliography.* The new documents included: *A National Directory of Health Promotion Programs; A Resource Guide for Nutrition Programs; A Resource Guide to Injury Control Programs; A Resource Guide for Drug Management Programs;* and *A Resource Guide to Physical Fitness Programs. A Compendium of National Organizations involved with Health Promotion Programs,* prepared by the National Council on the Aging, also was developed. Following the initial distribution to State Agencies on Aging, State Public Health Departments, Area Agencies on Aging and lead State agencies on health promotion, the balance of these documents will be disseminated by the National Center on Health Promotion and Aging.

The 1986 Older American's Month theme of "Have Your Health and Have Everything" supported the joint PHS–AoA National Health Promotion for Older Persons Initiative. The theme of health promotion and physical fitness also offered the Department additional opportunities to educate all Americans to the importance of adopting health habits which help to improve the health of present and future generations of older Americans. In addition, exemplary community projects were recognized for their outstanding leadership in health promotion for the elderly at the kick-off celebration held in Washington, D.C., on May 1, 1986.

The *Federal Register* announcement for the fiscal year 1987 Coordinated Discretionary Funds Program, published in September 1986, requested applications on health promotion. Three specific topics were included: mental health; dental health; and pedestrian and motor vehicle safety. The primary emphasis for all three areas was on public education and awareness.

The National Association of Retail Druggists received a grant to modify and adapt a geriatric pharmacy curriculum developed by the University of Oregon for use in continuing education programs for member pharmacists.

ALZHEIMER'S DISEASE INITIATIVE

Under its multiyear Alzheimer's disease initiative, the Administration on Aging has supported a substantial number of research and demonstration projects designed to develop and strengthen family- and community-based care for Alzheimer's disease victims. AoA also has joined with other Federal agencies in coordinating our current and planned discretionary program efforts aimed at meeting the supportive service needs of Alzheimer's disease patients and their families.

Last year the Administration on Aging made 12 grant awards totaling $1,127,618 to projects demonstrating model approaches to serving Alzheimer's disease patients in such areas as respite care, family support groups and the training of caregivers. Seven of these Fiscal Year 1985 projects are at or near completion. Five are multiyear projects and have recently received continuation awards from AoA amounting to $625,347. In addition, AoA made three new grants in Fiscal Year 1986 totaling $197,081 to demonstration projects focused on improving family- and community-based care for victims of Alzheimer's disease.

AoA has collaborated with the National Institute of Mental Health in sharing information about respective demonstration and research program activities in the field of Alzheimer's disease to minimize duplication in efforts to strengthen family and community supports. The Administration on Aging and the National Institute on Aging have exchanged information on current and planned efforts about the support of Alzheimer's disease patients and their families. AoA consequently included a special priority area under the Fiscal Year 1987 OHDS Coordinated Discretionary Funds Program designed to strengthen the leadership capacity of State Agencies on Aging to assist Alzheimer's disease victims and their families.

HOUSING INITIATIVE—HOME EQUITY CONVERSION

Home equity conversion is a housing option which can assist elderly homeowners to unlock the equity in their homes to improve their standard of living and enable them to remain in their neighborhoods. During fiscal year 1986, AoA actively promoted and disseminated information about home equity conversion for State and Area Agencies on Aging and other organizations interested in the elderly. Efforts were made to identify useful home equity conversion products, disseminate useful products and materials, sponsor workshops at the regional level to promote interest and provide technical assistance to potential home equity conversion sponsors. A meeting was held with current AoA grantees whose projects were related to home equity conversion to share information, coordinate their activities and identify new and previously developed products and materials.

Under this initiative several new products were distributed. These include the proceedings from "The Future is Now—A Home Equity Conversion Conference", jointly sponsored by the Department of Housing and Urban Development, Federal Council on Aging and AoA. *An Attorney's Guide to Home Equity Conversion*, designed to facilitate research by attorneys regarding legal issues involved with home equity conversion, was developed by the American Bar Association under a grant from AoA. It was distributed to several groups including legal services attorneys and private attorneys who serve older people and others. A manual, *Home Equity Conversion—Information and Actions for the Aging Network*, also was disseminated to AoA Regional Offices. It contained papers on issues related to home equity conversion, suggested roles for the aging network and provided information about programs in existence. The manual was used to hold workshops on home equity conversion for the aging network and others.

A series of guides for attorneys, bankers, accountants and consumers is under development and will be distributed by the American Association of Retired Persons (AARP) as part of an AoA-funded project on housing counseling. The National Center for Home Equity Conversion and the Bureau of Maine's Elderly continue to disseminate products developed under previously funded projects.

AoA prepared a major report on home equity conversion for a Departmental workgroup studying private financing mechanisms for long-term care. The report reviews the major types of home equity conversion options, attitudes of elderly persons, implications for government and the lending industry and potential roles for States and the Federal Government.

Various meetings were held to promote interest in expanding home equity conversion opportunities for elderly homeowners. A regional meeting was held in Denver and Region VI (Dallas) is planning a similar one. Meetings were held to discuss home equity conversion possibilities in Chicago and San Francisco. Tecnnical assistance was provided to the Virginia Department on Aging, Northwest Florida Agency on Aging, New York State Governor's Task Force on Aging, Minnesota Housing Finance Agency, Baltimore County Office on Aging, and the Duchess County (New York) Office on Aging.

Additionally, AoA supplemented a grant to AARP to counsel elderly homeowners on home equity conversion opportunities that are available in their communities. AARP will work with the American Bankers Association to recruit and train retired bankers to provide the counseling.

ELDER ABUSE INITIATIVE

In fiscal year 1986, AoA granted 9 new awards to demonstrate statewide collaborative activities to prevent and treat elder abuse. As part of the work being undertaken through these projects, State and Area Agencies on Aging and State adult protective service agencies are working with the courts, law enforcement officials, consumer protection agencies and voluntary groups to: (1) conduct public awareness campaigns to recognize and prevent elder abuse, and (2) coordinate action for intervening and following up on elder abuse reports.

The projects will produce various "how-to" manuals, video tapes, training conferences, public service spot announcements for radio and television broadcasting, publicity and informational materials, and model Tribal codes.

Two fiscal year projects, designed to disseminate available knowledge in the field, continued this year. One provides technical assistance to four sites to develop and replicate a consortium model of elder abuse prevention and intervention. The sites are: Contra Costa and Alameda Counties, CA; Milwaukee County, WI; Dade County, FL; and Monroe County, NY.

The other project brings together academic expertise with organizations representing State Agencies on Aging and State social services agencies in a collaborative effort to transfer knowledge about elder abuse to service planners, administrators, practitioners, educators, and researchers. The project has collected information about State programs on elder abuse through two nationwide surveys mailed to State elder abuse contact points. Based on analysis of the data, three reports covering State legislation, reporting requirements, funding, incidence data, special State studies, reporting procedures and practices, public education campaigns, and interagency coordination and linkages are being produced. The project has created a resource collection of documents and audio visual materials for those working in the field and has published a quarterly newsletter for professionals on the latest techniques to address the problem. It also has developed three videotapes with guides on the best methods to deal with elder abuse.

PRODUCTS FOR INDEPENDENCE INITIATIVE

The purpose of the products for independence initiative is to identify existing products and encourage development of new products which assist older persons with the tasks of daily living in their own homes. Activities undertaken include:

—AoA has actively encouraged applications of National Aeronautics and Space Administration's technology to the needs of older persons. Project activities are conducted through an interagency agreement among the Administration on Aging, National Institute on Aging, the Veterans Administratrion, National Institute of Handicapped Research and the National Aeronautics and Space Administration. To date, major progress has been made on the development of a memory assistance device to help curb wandering behavior. Recently, work began on the development of a second device to assist visually impaired older persons.

—AoA collaborated with the National Association of Home Builders Research Foundation to influence their development of the SMART HOUSE, a new housing technology with potential for older persons. AoA funded development of four papers on the implications of the SMART HOUSE design for older persons and presented these at a seminar attended by representatives from government, private nonprofit groups, and corporations.

—AoA has funded a number of training grants which provide education in gerontology to scientific and technical professionals such as engineers, business professionals, and architects. For example, a grant to the American Institute of Architects resulted in a guide to train architects on the design needs of older persons. This guide was later used in a national student design competition on the topic of "Design for Aging."

—Under a grant to the Carbide Retirees Service Corps, Inc., new technologies were identified to assist older persons and to facilitate service delivery by some of the State aging networks. In addition, the Carbide Retirees Service Corps, Inc., identified product catalogs that have appropriate products for the needs of older persons.

LIBRARY SERVICES INITIATIVE

In March 1985, the Administration on Aging and the National Commission for Libraries and Information Science signed an interagency agreement which will promote better library services to older people. AoA also has awarded the following three grants targeted to the library needs of the elderly and their families:

—The Adelphi University School of Social Work Garden City, NY, in collaboration with the Palmer School of Library and Information Science, Long Island University, will train social work and library student interns in library based information and referral (I&R) services to the elderly. Forty senior volunteers are engaged in delivering I&R services to other older people in eight library sites in Nassau County, NY.

—The University of Arkansas at Little Rock is developing collaboration between public libraries and gerontologists in Arkansas. Approximately 180 librarians and gerontologists have been trained in aging issues and information science for the elderly.

—The New Mexico State Library is training 100 public libraries and volunteers to assist older people and staff of agencies serving older people. Eight libraries are currently developing library programs for the elderly throughout New Mexico.

CAREGIVER INITIATIVE

As part of AoA's strategy to target services on the vulnerable elderly, the Agency has launched an initiative to improve the capacity of caregivers who provide critical assistance to functionally impaired older persons. This initiative is based on the recognition that growing numbers of vulnerable older persons in this country are cared for in their homes by family, friends, and neighbors, and that these caregivers often have insufficient information, training, and support to perform their roles in a fully effective manner.

During fiscal year 1986, AoA funded 22 research and demonstration projects to develop model statewide and local dissemination campaigns to inform and educate caregivers about the most useful ways of carrying out their difficult tasks. The projects will implement 19 statewide and 23 local campaigns using television, film, videotapes, and telecommunications in innovative ways to reach the broadest possible audience. A fiscal year 1985-funded project established a national newsletter for caregivers called *Parent Care*. Over 600 paid subscriptions had been received by the end of fiscal year 1986 and the project expects to become self-sufficient during fiscal year 1987.

During fiscal year 1986, AoA also took an active part in the Interdepartmental Working Group of the Family Caregivers Project. It planned and convened a Family Caregiver Conference in June 1986 to inform the Department's family caregiver grantees of the activities taking place at the national level and to promote the exchange of information about current project activities. Eight representatives from AoA family caregiver projects attended. AoA is planning to convene a similar meeting in fiscal year 1987.

As part of the caregiver initiative and AoA's long-term care activities, AoA developed a generic caregiver brochure. This brochure is designed to provide information to informal caregivers of vulnerable older people. As AoA developed the brochure consideration was given to the fact that often caregivers and concerned relatives may live in a different part of the country than the older person.

OLDER AMERICANS MONTH CELEBRATION

The theme for the May 1986 Older Americans Month celebration centered on health and physical fitness efforts which would educate older Americans, their families, neighbors, community groups, and business and industry on ways to foster and enhance the health and fitness of older people. This theme enabled the Administration on Aging to encourage communities to establish and improve health and physical fitness promotion programs for older adults.

In keeping with the theme of "Have Your Health and Have Everything," AoA invited the State Agencies on Aging to select an exemplary project in their States for a Project Health Award. This award was presented to projects which had been particularly successful in fostering and enhancing the health and fitness of older people. Recipients of the 51 awards attended the Older Americans Month Kick-Off ceremony in Washington, D.C. on May 1, 1986. The ceremony also included a presentation of a special National Indian Health Award for numerous health promotion activities carried out by Indian Tribal Organizations and Indian Planning and Service Areas.

In honor of Older Americans Month, the President and many Governors issued proclamations. States held a variety of special events, including awards ceremonies honoring local projects which assist older people in enhancing their health and fitness such as Senior Olympics, health fairs, and health education activities.

A poster, issued by AoA, conveyed a dual message. The first message "Have Your Health and Have Everything," encouraged older people to improve their health and fitness. The second, "Plan on Living the Rest of Your Life," focused on the importance of planning for the later years by adopting a healthy lifestyle.

A press kit, which included articles and fact sheets, was sent to the State and Area Agencies on Aging and a number of professional and business groups to use in local newspapers and newsletters. It included educational articles on nutrition, physical fitness, drug use, accident prevention and hypothermia and heat stress, as well as fact sheets including demographic material about the older population and information about the national network on aging.

For the second year AoA was joined by the private sector in carrying out its national Older Americans Month activities. Morrison, Inc., one of the largest food service corporations in the United States, printed and distributed the Older Americans Month poster, prepared the Project Health Award plaques and hosted the luncheon reception following the Older Americans Month Kick-Off and Awards Ceremony.

COMMISSIONER'S PLANNING INITIATIVE

During the past year, AoA updated its long-range forward plan of program activities for fiscal years 1986–89, reaffirming the goals of the Office of Human Development Services and laying out social service priorities for its client populations. The five major long-range objectives for AoA include:

—stimulating systems change to enhance family- and community-based care;
—promoting the adoption of healthy lifestyles among the elderly;
—providing services to the elderly in greatest need;
—promoting preparation for an aging society; and
—assisting State and Area Agencies on Aging and Tribal organizations in carrying out their leadership roles in planning, coordinating and delivering services for the elderly.

To meet the challenges facing it, AoA is committed to working for increased responsiveness by families, States and communities, service providers, and the private sector to the current and future needs of Older Americans. In addition, AoA is committed to building more positive attitudes and perceptions of aging and the aged.

One of AoA's most important priorities in fiscal years 1986–89 is to assist families in their efforts to care for older relatives, particularly the most vulnerable and frail, and to help maintain these older persons in their homes and communities as long as possible. A second priority is to assist States and communities in their efforts to develop and improve community-based systems of care that are accessible, appropriate, responsive, cost-effective, and humane.

To achieve these priorities, AoA will initiate, encourage and supplement activities designed to help Area Agencies on Aging to:

—increase their visibility to those who most need access to services and to serve as a catalyst and broker of services to the elderly in their own communities;
—serve as a focal point for coordinating aging services within communities, working with other systems to help provide a continuum of care and tailoring local service systems to meet the needs and special circumstances; and
—improve the targeting of services to the most vulnerable and frail elderly and their families in order to help as many older persons as possible to remain independent and self-sufficient for as long as possible.

The strategies which AoA will use to accomplish the long-range objectives and program priorities include:

—strengthening linkages with and between other agencies at all levels, both public and private, which serve the elderly;
—increasing transfer of knowledge about models of family- and community-based care systems to appropriate organizations and service providers;
—heightening public awareness of the role individuals play in determining their own health; and
—promoting public awareness in a variety of areas, including the availability of State and local aging services agencies to help older persons.

SECTION II. TITLE III SUPPORTIVE AND NUTRITION SERVICES

Under Title III of the Older Americans Act, the Administration on Aging provides financial assistance to the States to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals, to "(1) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; (2) remove individual and social barriers to economic and personal independence for older individuals; and (3) provide a continuum of care for the vulnerable elderly" (Section 301(a) of the Older Americans Act).

The law requires the designation of an agency within each State to be specifically responsible for carrying out the purposes of the Act. The State Agency on Aging is required to subdivide the State into Planning and Service Areas (PSA) and to designate for each PSA an Area Agency on Aging (AAA). Because of their small geographic areas or population size, 13 States/Territories have designated their entire geographic area as a single PSA with the State Agency performing the Area Agency functions. Funds are made available to the States upon approval of State plans by AoA Regional Offices. States then allocate funds to Area Agencies based upon approved area plans. Funds provided to Area Agencies are used for the administration and support of a wide range of community-based supportive and nutrition services authorized under Parts B and C of Title III of the Act.

The Title III activities conducted in the States during fiscal year 1986 were based upon State plans ranging in duration from 2 to 4 years. The 1984 Amendments to the Older Americans Act (Public Law 98-459) eliminated the separate allotment for Part A (State Administration), and provided States with the option of using a portion of the funds allotted under Parts B and C of Title III to support State Agency administrative and advocacy activities. Therefore, in fiscal year 1986, three separate allocations were made to States for: (a) supportive services and senior center operations; (b) congregate nutrition services; and (c) home-delivered meals. (See Appendix II for State allotments under Title III in fiscal year 1986.)

Under the Older Americans Act, the State Agencies on Aging have the authority to transfer limited amounts of funds among the three Title III allotments in order to better reflect their local needs and priorities. In fiscal year 1986 the net transfers were as follows:

	Net transfers	Percent change
Title III-B (supportive services)	+$20,056,354	[1] +7.9
Title III-C-1 (congregate nutrition services)	−47,425,694	[1] −14.8
Title III-C-2 (home-delivered meals)	+27,369,340	[1] +42.1

[1] Transfers as percent of original allotment.

As reflected in the figures above, States have make considerable use of the flexibility permitted them under the law. Based on their assessments of need and local priorities, States elected to transfer approximately $47.6 million out of their congregate nutrition programs in order to increase their levels of investment in supportive services and home-delivered nutrition services. Allotment figures for these programs cited later in this section reflect these transfers. (See Appendix III for State allotments after transfer under Title III in fiscal year 1986.)

The States made awards to the Area Agencies on Aging, based upon their approved area plans, to pay up to 85 percent of the costs of supportive service, senior centers and nutrition services. In most cases, Area Agencies on Aging then arrange with both nonprofit and proprietary service providers to deliver nutrition and other services described in the area plan.

At the States and local levels, the State and Area Agencies on Aging are charged with performing roles of advocacy and coordination similar to the responsibilities of AoA at the national level. They review and comment on State and community policies, programs, and issues; provide testimony at public hearings; publish reports; coordinate and provide technical assistance to other public and private agencies and organizations; and leverage resources from, Federal, State, and local programs, as well as private charitable and business resources.

As already indicated, the general purpose of the Title III program is to develop greater capacity at the State and local levels and foster the development of comprehensive and coordinated service systems to serve older persons. The Title III program has evolved from a relatively simple program of over 1,500 community service projects for older persons administered by 57 State Agencies on Aging into a complex and highly differentiated "national network on aging" currently consisting of 57 State Agencies and 670 Area Agencies on Aging and more than 25,000 local nutrition and supportive service providers. These nutrition and supportive service providers are local public, private or voluntary organizations which deliver the direct services to older persons in their communities. Not only do the State and Area Agencies on Aging use Title III moneys to privide services, they also are instrumental in leveraging other public and private moneys (for example, other State and local funds, private foundation contributions, and other Federal funds) in supporting the needs of older persons.

PARTICIPANT CONTRIBUTIONS INITIATIVE

Another initiative is intended to increase voluntary contributions from program participants. Title III regulations (45 CFR Part 1312) require that each service provider must "provide each older person [receiving services] will a full and free opportunity to contribute toward the cost of the service." Although AoA emphasizes through the aging network that this is not a fee and that contributions are entirely voluntary, these contributions have been steadily increasing, as follows:

Fiscal year:	*Millions*
1981	$79.0
1982	100.8
1983	116.7
1984	131.7
1985	140.1
1986	153.9

MINORITY PARTICIPATION INITIATIVE

Two years ago the Administration on Aging lauched a national initiative to assist State Agencies on Aging to develop and implement strategies to increase minority participation in Order Americans Act programs. This initiative was undertaken in cooperation with the State Agencies on Aging, Regional AoA Offices and four national minority organizations: Association Nacional Pro Personas Mayores; National Center of Black Aged; National Pacific/Asian Resources Center on Aging; and the National Indian Council on Aging. Each State was asked to prepare an action plan which described steps the State proposed to take through Fiscal Year 1985 to increase minority participation.

Last year AoA requested States to provide information through their Regional Offices on the activities conducted to promote greater access to services for older minorities. Forty-six States responded to the request for follow-up information. During Fiscal Year 1986, AoA analyzed the States' responses and found that eighteen activities were identified. The activities selected most frequently included training and information dissemination, monitoring of Area Agencies on Aging for minority participation, data analysis, and activities to increase outreach to older minorities. A summary of minority participation activities was disseminated by AoA to the aging network with the expectation that States will replicate one or more of the model activities.

TECHNICAL INFORMATION ACTIVITIES

AoA has realized the need for the systematic sharing of technical information among members of the aging network about projects and efforts which benefit older people. During fiscal year 1986 AoA began publication of *Aging Program Notes*, which is regularly sent to the aging network. *Aging Program Notes* contains descriptions of success stories from State and Area Agencies on Aging that have demonstrated their effectiveness as focal points in their communities.

AGING NETWORK VISIBILITY INITIATIVE

AoA, as part of its plans for more aggressive efforts in assisting vulnerable older persons and their families, has realized that the aging network needs to be more visible. During fiscal year 1986, AoA completed two tasks which will bring about greater visibility of State and Area Agencies on Aging. AoA forwarded to Senators and Congressmen a list of their State and Area Agencies on Aging and asked them to tell those who are concerned about older people that the State and Area Agencies on Aging are there to help. We urged them to contact their respective State and Area Agencies on Aging with questions about services and programs for older people.

In addition, AoA worked with the Social Security Administration to distribute copies of the AoA Directory of State and Area Agencies on Aging to each of its district offices. This will allow appropriate referrals to services to take place for older persons, their family members, and caregivers.

COMMUNITY HEALTH CENTERS INITIATIVE

As part of its national initiative to develop and support family- and community-based care, AoA is collaborating with the Health Resources and Services Administration HRSA) in a long-range strategy to forge linkages between the two programs. The goal of this strategy is to strengthen the administrative and management level of the two programs to work together to ensure that the Nation's elderly are able to participate in and receive appropriate and adequate medical, health, and supportive services in the community.

AoA intends to strengthen the capacity of State and Area Agencies on Aging and the primary health care network, funded by HRSA, to function as catalysts and facilitators at the State and community levels. We anticipate greater access to and participation in the primary care services of the Community and Migrant Health Centers as well as increased targeting of supportive services by AAA's. Such collaboration should impact significantly on meeting the health care and supportive needs of the elderly in the community.

The State Agencies on Aging, through funds from AoA and HRSA, are jointly contracting to conduct a capacity building process that will be implemented in two phases. Phase I, targeted to Regional and State personnel from aging and primary health care programs, will consist of a series of workshops in the 10 Regional Office (RO) cities. Phase II will focus on State activities initially developed at the RO seminars. A limited amount of technical assistance to States will be available under this contract.

AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) INITIATIVE

The Administration on Aging and the American Association of Retired Persons, to further expand a long standing and productive relationship, have been working together to develop collaborative efforts that emphasize State and local initiatives. A selected number of Regional Offices have lead responsibility to develop models of collaboration that can be adopted or adapted for use throughout the Nation.

The focus of these models could include health, housing, or any of the various issues that face elderly persons today, from the perspective of either a State, area or community-based collaboration. These models will provide both information on "how-to" develop a model, resources that are available and a contact person who is knowledgeable about a specific collaborative model. These models will be distributed to the aging and AARP networks by the end of fiscal year 1987.

COMMISSIONER'S LEADERSHIP CONFERENCES

The Commissioner on Aging launched in fiscal year 1986 a major national campaign to strengthen the capacity of State and Area Agencies on Aging to build responsive systems of family- and community-based care. The leadership conferences challenge State and Area Agencies on Aging to work together to build a responsive system in every community that allows every older person in our Nation to serve and be served within the community where they live.

The Commissioner on Aging embarked upon a national effort to conduct leadership conferences to address these major issues in the 10 Administration on Aging Regional Offices. In fiscal year 1986, the Commissioner on Aging held leadership conferences in Region I (Boston), Region III (Philadelphia), Region V (Chicago), Region VI (Dallas) and Region VII (Kansas City). The remaining five regional leadership conferences will be completed in fiscal year 1987.

STATE AGENCIES ON AGING

Fifty-seven States and other jurisdictions receive support under Title III of the Act. The 1981 Amendments to the Act provided greater flexibility to State Agencies on Aging by permitting them to elect durations of 2, 3, or 4 years for State and area plans. Beginning on October 1, 1985 (fiscal year 1986), 23 States or Territories (40 percent) operated on a 2-year cycle; 26 (45 percent) operated on a 3-year cycle; and 8 (14 percent) operated on a 3-year cycle. State Agencies on Aging are organizationally located in State governments either as independent agencies reporting directly to the Governor or as components of larger human services agencies. In fiscal year 1986, there were 2,073 persons on the staffs of State Agencies on Aging.

State Agencies on Aging used Title III-B (Supportive Services) funds and funds from other sources to establish and maintain long-term care ombudsman programs at the State and sub-State levels. Through their ombudsman programs, States have addressed such issues as nursing home regulations, abuse of residents' personal funds and restrictions on access to nursing homes. During fiscal year 1986, complaint statistics and program data for the fiscal year 1985 reporting period were analyzed. Some highlights of these data are as follows:

—The number of sub-State ombudsman programs reported by States continues to increase. During fiscal year 1985, the most recent period for which data are available, there was a net increase of 53 local or regional ombudsman programs, increasing the nationwide total from 679 in fiscal year 1984 to 732 in fiscal year 1985.

—Total funding for State and local ombudsman programs in fiscal year 1985 was about $18.5 million, an increase of 29 percent over fiscal year 1984. In addition to Title III-B funds, State and local governments used funds from other sources, including State, county, and local revenues, grants under Titles IV and V of the Older Americans Act and other funding sources.

—Nationwide, over 8,900 people worked in State and local ombudsman programs during 1985, including professional and volunteer staff.

AREA AGENCIES ON AGING

In fiscal year 1986, there were 670 Area Agencies on Aging operating under Title III of the Act. As of the end of fiscal year 1986, there were 683 Planning and Service Areas, including 13 single Planning and Service Areas covering whole States and Territories. An Area Agency on Aging may be a public or private organization, an Indian Tribe, or a sub-State regional body. Area Agencies on Aging have the major responsibility for the administration of funds for Title III-B supportive services and Title III-C nutrition services. Area Agencies receive their funds from the State Agency on Aging and then award grants and contracts to local supportive and nutrition service providers under an approved area plan.

Area Agencies on Aging are responsible for providing technical assistance to, and monitoring the effectiveness and efficiency of, their respective service providers. Through their coordination and planning activities, Area Agencies also address the concerns of older persons at the community level. Area Agencies interact with other local public and private agencies and organizations in order to coordinate their respective activities and elicit or "leverage" additional resources to be used on behalf of older persons.

In fiscal year 1986, more than 11,700 people were employed by the Area Agencies on Aging. The staffs are augmented by approximately 90,300 volunteers throughout the Nation, about 63 percent of whom are age 60 years or older.

State Agencies on Aging and single Planning and Service Areas received a total of $640.0 million of Title III funds during fiscal year 1986. Of this amount, approximately 87 percent was used for supportive and nutrition services and the remainder was spent for administrative purposes. Area Agencies on Aging augmented their Title III funds through eliciting support from other Federal, State, and community sources. In addition, income is generated for the program from such sources as participant contributions for meals, which have been increasing steadily over the years.

TITLE III SERVICES

Title III-B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories: access services; in-home services; and other community and neighborhood services. Access services are transportation, outreach and information and referral. Most in-home services are either housekeeping, personal care, chore and visiting and telephone reassurance. Community and neighborhood services include legal service, residential repair, escort service, health services, physical fitness programs, pre-retirement and second career counseling and other services. Most social services and congregate meals are provided at multi-purpose senior centers, many of which have been designated as community focal points.

Data on Title III services and program operations are sent to the Administration on Aging each year by the State Agencies on Aging through the Title III Information System. During fiscal year 1986 the Title III Program Performance Reports for fiscal year 1985 were analyzed. The national program statistics for fiscal year 1985 are provided in Appendix IV. These data pertain to: program operations and multipurpose senior centers and community focal points; participation levels for Title III-B supportive services; and service characteristics and participation under the Title III/C nutrition program. Selected program data are highlighted below.

The Title III-B program is currently reaching an estimated 9 million older clients in need of access, in-home and community-based services. In fiscal year 1985, 16.4 percent of all participants were racial and ethnic minorities and 43 percent were low income. In the area of access services, transportation was the most frequently provided service, followed by information and referral and outreach. Of four defined in-home service categories, reassurance to elderly persons through visiting and telephone contacts was reported most frequently, followed by homemaker, chore and home health aid services. Of the four service categories reported in the Title III Information System, health services were most frequently provided, followed by legal, escort, and residential repair/renovation services.

Over 149 million congregate meals were served to older people and their spouses during fiscal year 1985. In addition to Title III funds, these meals are also supported by State funds, Social Services Block Grant and other Federal funds, State/local funds not included as part of the fiscal year 1985 Title III requirement and participant contributions. Over 2.9 million elderly received meals at congregate sites.

During fiscal year 1985, 75.5 million meals were provided to the homebound elderly from all funding sources. Approximately 693,056 older persons received these meals.

SECTION III. TITLE VI GRANTS TO INDIAN TRIBES

Under Title VI of the Older Americans Act, the Administration on Aging annually awards grants to federally recognized Indian Tribes. These grants assist Tribal governments in delivering nutrition and supportive services to older Indians.

In fiscal year 1986, the number of Tribes funded under Title VI increased from 125 to 133 with an original appropriation of $7,500,000, which was reduced to $7,177,500 due to budget deficit legislation. (See Appendix V for a Listing of fiscal year 1986 Title VI Grantees.)

In January 1986, Regional Offices of the Administration on Aging were authorized to serve as the primary point of contact for Indian leaders operating programs for the elderly. By virtue of long experience with Older Americans Act programs, familiarity with community resources and geographic proximity, the Regional Offices have successfully provided management assistance and opportunities for collaboration between Indian leaders and State officials working in the field of aging. Such collaboration includes the promotion of conference agendas; coordination of training programs; and a newly formed National Association of Title VI Program Directors which focuses on Indian issues.

During fiscal year 1986, Title VI service data were analyzed for the fiscal year 1985 funding period. Preliminary analysis of the data reflects the following:

—The Title VI program continues to maintain a very high participation rate. Of the eligible population of 28,417, about 90 percent participated in nutrition services and about 60 percent received one or more supportive services.

—About 70 percent of the older Indians participating in nutrition services received their meals in a congregate setting, while 30 percent received their meals at home.

—Title VI provides a wide variety of supportive services. The two services most frequently used are transportation and information and referral.

—The Title VI program attracts a large number of volunteers (about 60 percent of staff) to assist with the program.

—The level of effort continues to be directed primarily toward nutrition services. Approximately 60 percent of Tribes' total expenditures are for meals.

AoA continues to administer a contract to provide training and technical assistance to the Tribal Organizations for the administration of their Title VI grants. Under this contract, assistance is provided for managing nutrition service programs, providing supportive services, and grant management.

SECTION IV. AoA DISCRETIONARY PROGRAMS

Title IV of the Older Americans Act authorizes a program of discretionary grants and contracts to support training and education, research, and demonstration and other activities. A primary purpose of these activities is to develop the necessary knowledge and information base to assist AoA and the State and Area Agencies on Aging to carry out the goals, objectives, and program services set forth in the Act. A total of $23,925,000 was available to support those efforts during fiscal year 1986. This section describes AoA activities during fiscal year 1986 for Title IV, Part A—Education and Training and Part B—Research and Demonstration. This section also includes a description of the major long-term care initiatives undertaken by AoA in fiscal year 1986. (Appendix VI contains a listing of AoA discretionary grants and contracts which were operational during fiscal year 1986.)

A. TITLE IV-A EDUCATION AND TRAINING

Section 411 of the Act authorizes the award of grants and contracts to assist in recruiting persons, including minorities, to enter the field of aging; to train professional and paraprofessional persons employed in or preparing for employment in fields having an impact on the aging; and to provide technical assistance and other activities related to such training.

1. Gerontology Training Program

In fiscal year 1986, 48 new grants were awarded in 5 priority areas. A brief description of major activities these projects will undertake is presented below.

a. Career Preparation/Professionals Academic Training.—Support was provided to 11 academic institutions to develop and improve educational programs for persons preparing for paraprofessional and professional careers and to provide for an interchange of activities with aging agencies and service organizations. These grants will support career education and training activities that are preparing students for professions which heavily impact the aging population.

b. Continuing Education and Short-Term Training.—Twenty-two statewide grants were awarded to academic institutions and professional organizations to develop gerontology or geriatric programs and materials and to provide training to the network on aging personnel and to other professionals and paraprofessionals. One project is supporting fellowships that place academic faculty and researchers in planning and service organizations to work on short-term applied research projects that are mutually beneficial to host institutions and fellows.

c. Development of New Aging Programs.—Grants were awarded to three universities and one national association, all with established programs in aging, to broker new aging education and training programs among educational institutions on an HHS regional basis. The purpose of these awards is to encourage and influence educational institutions to adopt a multidisciplinary approach to gerontological education and training.

d. Minority Training and Development.—Seven grants were awarded in this priority area. Organizations supported include: institutions of higher education with large minority enrollments, including Historically Black Colleges and Universities (HBCU's); nonprofit organizations representing minority groups; and one State Agency on Aging. The purpose of these awards is to stimulate opportunities for training and employment of minorities in management positions in State and Area Agencies on Aging.

e. Aging Manpower Studies.—Four major awards were made in this priority area, all designed, in part, to collect, analyze, and maintain data on existing and future manpower needs in the field of aging. The four universities that received funds to conduct these manpower studies are in contact with each other in an attempt to jointly achieve the purpose of this priority area.

B. TITLE IV–B RESEARCH AND DEMONSTRATIONS PROJECTS

Title IV–B, Sections 421, 422, 424, and 425 of the Older Americans Act, authorizes funding for projects to identify, assess, and demonstrate new approaches and methods to improve the well-being and independence of older persons. The primary objective of AoA-supported research under this section of the Act is to develop new knowledge that will increase the capacity of State and local agencies, in both the public and private sectors, to assist older persons in achieving and maintaining economic and personal independence. AoA-funded demonstration projects seek to test new models, systems, and approaches for providing and delivering services.

In fiscal year 1986, AoA targeted most of its research and demonstration efforts on four program areas of priority interest and concern to the elderly. These priority areas were:

—preparation for an aging society;
—strengthening the functioning of State and local agencies and Tribal governments;
—assistance to caregivers; and
—other projects.

New research and demonstration projects undertaken in these four areas are highlighted below.

1. Preparation for an Aging Society

The rapid growth of the older population and the projection for its continued growth make it imperative that social institutions, families, communities, and individuals prepare appropriately for an aging society. Younger adults need to perceive aging as a lifelong process, understanding the changing social, health, housing, and financial needs in older age and develop the skills to prepare themselves, through lifelong planning, for the last decades of life. To meet these needs, AoA funded a series of projects to help prepare for an aging society.

a. Future Needs, Programs, and Personnel Requirements.—The Older Americans Act Amendments of 1984 authorized the Administration on Aging to establish and maintain a demographic data base on the older population in order to formulate public policy. Five projects were funded which will analyze: the effects of trends on the future status and needs of the older population over the next three decades; assess the nature, scope, and types of programs required to meet the predicted needs of the older population; identify the kinds and number of personnel required to carry out such programs; and examine the policy issues that must be dealt with in preparing for an aging society.

b. Service Delivery Implications for Suburbia.—During the last decade, the number of older people living in the suburbs has increased, while the number of older people living in central cities has decreased. Traditionally, suburban service delivery systems have addressed the needs of young families. However, questions about delivery of services to older persons in suburbia now need to be answered. AoA funded three projects to collect and analyze data on future potential needs of suburban older people and the resources they offer to their communities; to propose strategies for improving service delivery systems for the suburban elderly; and to develop methods for the transfer and utilization of project findings, including the involvement of local public officials.

c. Preparing Major Social Institutions for an Aging Society.—The growth of the elderly population is a demographic phenomenon with profound implications. However, insufficient attention has been accorded to helping major social institutions prepare for changes which will be brought about by the aging of American society. Three projects were funded to focus on the trends in the aging population, their probable impact on American society in the year 2000 and beyond, and the roles that social institutions can play to have a positive impact on the lives of older people.

d. Planning for Later Life.—Adults, now in their thirties, forties, and fifties, need to plan for the social, health, housing, and financial needs of the sixth through ninth decades of their lives. Six projects were funded to identify ways to prepare them to plan for their later years. These projects will synthesize existing research and information; identify the gaps in knowledge in various age groups; and develop and test approaches for changing the perception and behaviors of people in these age groups.

2. Strengthening the Functioning of State and Area Agencies on Aging and Tribal Governments

The Administration on Aging funded an array of projects designed to improve the effectiveness and efficiency of State and local service programs for the elderly. In particular, AoA sought to direct substantial discretionary program resources toward strengthening the capacity of State and Area Agencies on Aging to develop and maintain family- and community-based systems that provide a continuum of care to vulnerable older persons.

a. Collaborative Efforts to Promote Systems Change to Improve the Lives of Older Americans.—Sixteen awards were made to State and Area Agencies on Aging for collaborative action with public and private sector organizations. These efforts are aimed at achieving systems changes which would establish and maintain a continuum of family- and community-based care for older persons, especially those most likely to lose their independence. These 16 projects focus on several key policy concerns, among them community- and home-based care, mental health services, guardianship, post-hospital convalescent and support services and a continuum of care for Alzheimer's disease victims and their families.

b. Legal Assistance for Older Persons.—Fourteen projects were approved to enhance the availability of legal services to older persons—especially those with the greatest economic or social needs—and to coordinate that legal assistance with the supportive services programs provided under Title III of the Older Americans Act. Awards were made to national legal service organizations with expertise concerning laws affecting the elderly and to other organizations with experience in the delivery of legal assistance to older persons.

c. Statewide Elder Abuse Prevention Efforts.—Nine new projects were funded by AoA during fiscal year 1986 to promote and demonstrate model statewide collaborative efforts to prevent elder abuse. These projects will include the following elements:

—joint action between State and Area Agencies on Aging, adult protective service agencies, the courts, law enforcement officials, consumer protection agencies, and voluntary groups;

—public awareness campaigns to recognize and prevent the abuse, neglect, and exploitation of older individuals; and

—coodinated action for intervening in reported cases of older abuse and for referring such cases to social service agencies and to the criminal justice system.

d. Increasing Minority Elderly Access to Services.—AoA funded seven new projects to target services to minority elderly and to increase their access to Title III programs administrated by State and Area Agencies on Aging. The project grantees include both national and local organizations representative of the several minority aging groups, each working in partnership with one or more State Agencies and/or Area Agencies on aging and with minority older persons themselves.

Two other projects were funded in fiscal year 1986 under the general category of strengthening programs for the aging at State and local levels. They are designed to:

—develop and demonstrate client outcome measurement models to improve the effectiveness of long-term care and supportive services programs for the elderly; and

—disseminate and replicate in nine participating States an innovative model for planning, coordinating and delivering mental health services to older adults.

3. Assistance to Caregivers

In fiscal year 1986, the Administration on Aging announced grants totaling over $2.4 million for 22 projects designed to develop statewide and local campaigns to disseminate information and provide educational opportunities for caregivers responsible for caring for frail and impaired older persons. Findings and results from these demonstrations may be used in other areas of the country to develop similar dissemination and educational efforts.

4. Other Projects

a. National Indian Council on Aging (NICOA) received a grant to survey the housing used by elderly Indians on four reservations. The survey will also examine housing conditions, environmental issues and barriers to suitable housing. The project will produce a report with findings and recommendations concerning corrective strategies along with a "best practices" guide in developing housing for elderly Indians.

b. A computerized service credit program will be developed by Florida International University to enable elderly volunteers to earn credit while providing respite care and other services to the elderly. Volunteers will be able to draw upon those credits when they are in need of such services.

c. Phoenix Systems will promote the dissemination of innovative products and information from the private and public sector to State and Area Agencies on Aging and service providers. Direct marketing techniques and market research methodology will be use for evaluation and product modification.

d. Two projects will focus on the transfer of innovative human service programs from other countries to the United States and on the exchange of information between the United States and Israel. These cover income generating programs for older persons and long-term care in community-based and in-home settings.

e. A small business innovation research project will assist private industry in helping homeowners install accessory apartments. Partnerships of real estate agents, home remodelers, and savings and loan officers will be developed in three sites. Individuals will be trained in marketing and counseling homeowners and a seminar package will be developed showing how the private sector can market accessory apartments.

f. The Transportation Research Board will recommend a series of steps considered most likely to improve the traffic safety of older persons and identify ways and means to carry out these recommendations.

g. The National Association of State Units on Aging, in collaboration with the National Association of Area Agencies on Aging, will seek to measure and put into operational terms what State and Area Agencies on Aging are now or might be doing to develop comprehensive, coordinated, family- and community-based care systems for vulnerable older persons.

In fiscal year 1986, AoA made continuation awards to projects funded in fiscal year 1985 in these major areas:

1. Consumer-Directed Services

This priority area contains a group of eight projects involved in planning for situations encountered as an individual ages. They involve education and participation in workshops that enable the participants to acquire knowledge and skills which aid in the selection of consumer-directed services. These projects are demonstrating techniques which encourage future planning and develop community resources which involve voluntary participation in group and individual planning sessions. They are targeted at independent living and the use of additional services when necessary to maintain an individual in his or her own home.

2. Alzheimer's Disease Support Network

Three projects received continuation awards. One is demonstrating and testing a model of caregiver training focused on legal counseling. A second project is evaluating the efficacy of behaviorial programing techniques for Alzheimer's patients. The third project is developing innovative approaches to providing respite care and support networks for family caregivers.

3. Other Projects

AoA made continuation awards in fiscal year 1986 to six other projects which embrace a variety of aging program concerns: employee benefits that would include the care of dependent parents; making corporate expertise and volunteer resources more available to aging services agencies; forecasting housing needs of the older population through the year 2010; training and recertification programs for elderly drivers; and developing unified administrative systems to help intergrate community services programs for the elderly. These continuation awards are:

—The American Association of Retired Persons/Legal Counsel for the Elderly to demonstrate the capacity of the "Legal Services Hotline" to become self-supporting and expand the hotline system across the State of Pennsylvania.

—The National Senior Citizens Law Center to test a comprehensive legal services evaluation manual and to support training sessions for State and Area Agency on Aging personnel on the use of the manual.

—The National Association of Area Agencies on Aging (NAAAA) to demonstrate a strategy for linking private sector resources with Area Agencies on Aging to enhance services for older people. Through this project NAAAA served as a broker between AAA's and corporation's taking leadership roles in the development of public/private sector partnerships that would assist community-based organizations to meet the needs of older people.

—The National Association of Area Agencies on Aging to conduct the Aging American Campaign. This information campaign will enhance understanding of the role and functions of the State and Area Agencies on Aging.

—The United Way of America to demonstrate in several test sites how joint sharing of information contributes to more effective public/private community problem solving.

C. DISSEMINATION AND UTILIZATION

AoA continues to emphasize the importance of dissemination and utilization of the products and findings from its research and demonstration projects. Project grantees have been required to develop plans to conduct dissemination activities in a number of areas: Local publicity; newspaper articles; radio and TV; statewide meetings; major presentations at professional meetings; and articles for professional journals and newsletters. The following are examples of grantee dissemination and utilization activities:

—The U.S. Conference of Mayors published and distributed 1,500 copies of *Assessing Elderly Housing—A Planning Guide for Mayors and Local Officials.*

—The American's Bar Association's *Attorney's Guide to Home Equity Conversion* was distributed nationwide and has been used as training material for continuing legal education sesssions in Virginia and Massachusetts.

—Catholic University produced a book, *European-American Elderly: A Guide for Practice.* Two press conferences are planned in New York and Chicago to announce publication of this book. AoA is planning to mail 200 copies of the book to Area Agencies on Aging with large ethnic populations. Catholic University also distributed more than 1,000 copies of two other documents related to this topic to ethnic leaders, service providers and policy makers.

—Cornell Universtity made a presentation before the American Planning Association in April 1986 on its project, "Integrated Housing Options Education Campaign." Phoenix Systems, working with the National Indian Council on Aging, produced a catalog of arts and crafts produced by Native American craftspeople and focused on the elderly artisan. Twenty-five thousand copies of this 22-page catalog were sent out across the Nation to targeted cities. The catalog has been announced at meetings of national organizations, through their in-house bulletins and through AoA's *Aging* magazine.

—The University of Bridgeport, Center for Aging, previewed a videotape on housing options it had produced at the Northeastern Gerontological Society, Sixth Annual Conference on May 7-10, 1986.

—The University of Southern California, Andrus Gerontology Center, prepared a press release for its national opinion survey of public attitudes toward Alzheimer's disease for the U.S. Senate Aging Committee.

The Administration on Aging attempts to supplement and complement the dissemination and utilization efforts of its grantees through a variety of means. These include: Information Memoranda to State and Area Agencies on Aging on noteworthy products and findings; *Aging Program Notes*, which highlight outstanding examples of local efforts to build family- and community-based systems of care; arranging for presentations; and articles in *Aging* magazine.

AoA sponsored a "Symposium on Housing Alternatives for Older Persons" at the November 1985 Gerontological Society of America's 38th Annual Scientific Meeting in New Orleans, LA. Information from five AoA-sponsored housing projects was presented to meeting participants. Information was provided in the "News Notes" section of *Aging* magazine publicizing 15 new awards to expand housing options and AoA grants for support for families of Alzheimer's patients. An article was written and published in *Aging* magazine publicizing the Phone-A-Lawyer project which provides elderly persons with free or low cost legal help. AoA also sponsored "cluster" meetings of grantees working on similar subject matter, such as legal services, housing, and Alzheimer's disease.

The final reports and products of all research and demonstration projects are available through four sources: *AgeLine*, maintained by the American Association of Retired Persons; Project SHARE, maintained by the Department of Health and Human Services; the National Technical Information Service (NTIS); and the Federal Depository Libraries.

D. LONG-TERM CARE

1. Long-Term Care Gerontology Centers

Since 1982, AoA has provided funding to the Universities of Texas and Utah for the establishment of multidisciplinary Long-Term Care Gerontology Centers.

Through their efforts these centers have developed a comprehensive knowledge base about long-term care issues, with a special emphasis on community-based long-term care service systems.

Center programs focus on interdisciplinary education and training for health and social service professionals, research, development of "best practice" models of long-term care service delivery, information dissemination, and technical assistance to others, especially State and Area Agencies on Aging.

2. National Long-Term Care Channelling Demonstration

The National Long-Term Care Channeling Demonstration, a major Departmental initiative since 1980, jointly funded and managed by AoA, the Health Care Financing Administration (HCFA) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), was completed. Agreements between AoA and ASPE relevant to the dissemination of the channeling demonstration findings were finalized.

3. Other Long-Term Care Projects

A project designed to synthesize and organize information about long-term care issues, programs, and research findings that significantly affect the vulnerable elderly was completed. A first draft of the major product of this project, a monograph that will be useful to State and Area Agencies on Aging in the planning and development of site-specific long-term care programs, was completed.

A generic caregiver brochure, designed to provide information to informal caregivers of vulnerable older people, including those caregivers and concerned relatives who may live in a different part of the country than the older person, was developed by AoA. Strategies that focus on nationwide dissemenation of the brochure were developed.

SECTION V. EVALUATION

Section 206 of the Older Americans Act authorizes evaluation of the impact of programs funded under the Act, including their effectiveness in achieving stated goals. AoA's evaluation program in fiscal year 1986 included the completion of one project.

The "Assessment of the Feasibility of Evaluating Sub-State Long-Term Care Ombudsman Programs and Development of an Instrument for the Evaluation of Effectiveness and Impact", awarded in September 1984, consisted of two objectives. The first was to determine if sub-State and centralized long-term care ombudsman programs could and should be evaluated (Phase I) and, if so, to design and test an evaluation instrument and users' guide to be issued by AoA as a chapter in the Ombudsman Technical Assistance Manual (Phase II).

Based on Phase I activities completed in January 1985, the conclusion was that programmatic diversity within and across States, notwithstanding sub-State and centralized ombudsman programs, are evaluable, i.e., can be validly and feasibly assessed. During Phase II, an instrument and users' guide were developed. The instrument and users' guide were field tested in four States at the sub-State level and in one State with a centralized program. The field test was completed during August 1985. The final instrument, users' guide were completed early in fiscal year 1986 and disseminated to all State and Area Agencies on Aging.

APPENDIX I

FY 1986 BUDGET
ADMINISTRATION ON AGING 1/

Supportive Services and Senior Centers 2/	$253,605,000
Nutrition Services 2/	
Congregate Nutrition Services	321,522,000
Home-delivered Nutrition Services	64,980,300
Grants to Indian Tribes	7,177,500
Training, Research, and Discretionary Projects and Programs	23,925,000
TOTAL	$671,209,800

1/ All levels reduced due to Balanced Budget and Emergency Deficit Control Act of 1985, P.L. 99-177.

2/ Up to 8.5% of the funds for Supportive Services and Senior Centers, and for Nutrition Services, may be used for Area Agency Activities.

APPENDIX II

FY 1986 FINAL TITLE III ALLOTMENTS, AFTER REALLOTMENT

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
Alabama	4,079,587	5,171,309	1,045,298
Alaska	1,325,163	1,682,026	339,542
Arizona	3,072,866	3,896,003	787,350
Arkansas	2,818,481	3,573,749	722,169
California	23,304,833	29,525,708	5,971,314
Colorado	2,462,431	3,122,708	630,940
Connecticut	3,547,556	4,497,336	908,977
Delaware	1,331,006	1,689,428	341,039
Dist. of Col.	1,331,671	1,690,270	341,209
Florida	15,542,581	19,692,543	3,982,420
Georgia	4,957,617	6,283,591	1,270,272
Hawaii	1,334-557	1,693,926	341,949
Idaho	1,335,241	1,694,793	342,124
Illinois	11,703,627	14,825,840	2,998,778
Indiana	5,462,822	6,920,036	1,399,719
Iowa	3,453,369	4,378,020	884,844
Kansas	2,775,778	3,519,654	711,228
Kentucky	3,759,712	4,766,094	963,338
Louisiana	3,806,930	4,825,909	975,436
Maine	1,354,728	1,719,478	347,117
Maryland	3,939,478	4,993,821	1,009,398
Massachusetts	6,631,153	8,403,613	1,699,076
Michigan	8,690,943	11,012,939	2,226,849
Minnesota	4,319,203	5,474,853	1,106,694
Mississippi	2,633,942	3,339,977	674,886
Missouri	5,729,960	7,261,989	1,468,167
Montana	1,333,907	1,693,102	341,782
Nebraska	1,864,239	2,364,922	477,667
Nevada	1,333,747	1,692,900	341,741
New Hampshire	1,336,004	1,695,759	342,320

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
New Jersey	8,228,656	10,427,319	2,108,399
New Mexico	1,339,038	1,699,602	343,097
New York	19,670,762	24,922,091	5,040,169
North Carolina	5,871,775	7,441,639	1,504,504
North Dakota	1,332,621	1,691,474	341,453
Ohio	11,051,669	14,003,489	2,831,729
Oklahoma	3,433,695	4,353,098	879,803
Oregon	2,881,223	3,653,231	738,246
Pennsylvania	14,404,582	18,250,935	3,690,834
Rhode Island	1,338,840	1,699,352	343,046
South Carolina	2,898,670	3,675,333	742,716
South Dakota	1,333,731	1,692,879	341,737
Tennessee	4,798,465	6,081,978	1,229,493
Texas	13,038,662	16,520,598	3,340,850
Utah	1,337,905	1,698,167	342,807
Vermont	1,329,995	1,688,147	340,780
Virginia	4,964,751	6,292,628	1,272,100
Washington	4,164,294	5,278,615	1,067,002
West Virginia	2,245,656	2,848,100	575,397
Wisconsin	5,122,470	6,492,425	1,312,512
Wyoming	1,327,936	1,685,538	340,252
American Samoa	444,854	566,856	113,983
Guam	634,012	806,481	162,451
Puerto Rico	2,389,918	3,030,850	612,360
Trust Territory	634,012	806,481	162,451
Virgin Islands	634,012	806,481	162,451
Northern Marianas	179,664	230,917	46,035
TOTAL	$253,605,000	$321,447,000	$64,980,300

APPENDIX III

FY 1986 TITLE III ALLOTMENTS, AFTER 1/ TRANSFERS BY STATES

TITLE III-B STATES SERVICES	TITLE III-C1 SUPPORTIVE NUTRITION SERVICES	TITLE III-C2 CONGREGATE NUTRITION SERVICES	HOME-DELIVERED
Alabama	3,847,175	5,223,281	1,225,738
Alaska	1,325,163	1,591,899	429,669
Arizona 2/	3,222,722	3,108,819	1,500,000
Arkansas	3,003,800	3,057,450	1,053,149
California	25,964,005	26,132,430	6,705,420
Colorado	2,789,250	2,453,393	973,436
Connecticut	3,409,960	3,903,827	1,640,082
Delaware	1,331,006	1,493,861	536,606
Dist. of Col.	1,642,984	1,358,782	361,384
Florida	17,611,298	15,653,655	5,952,591
Georgia	6,305,716	4,780,848	1,424,916
Hawaii	1,609,886	1,279,714	480,832
Idaho	1,572,367	1,312,359	487,432
Illinois	14,703,627	10,325,840	4,498,778
Indiana	6,144,349	5,376,832	2,261,396
Iowa	3,458,913	4,230,094	1,027,226
Kansas	2,775,778	3,387,946	842,936
Kentucky	3,899,520	4,040,044	1,549,580
Louisiana	4,444,826	4,181,824	981,625
Maine	1,354,728	1,002,446	1,064,149
Maryland	3,894,294	5,083,675	964,728
Massachusetts	6,631,153	6,061,613	4,041,076
Michigan	8,833,471	10,033,670	3,063,590
Minnesota	4,651,819	4,845,523	1,403,408
Mississippi	2,763,627	3.015,218	869,960
Missouri	5,726,813	6,575,491	2,157,812
Montana	1,357,076	1,504,085	507,630
Nebraska	1,974,239	2,284,922	447,667
Nevada	1,333,747	1,692,900	341,741
New Hampshire	1,583,851	1,078,066	712,166
New Jersey	8,675,160	9,561,406	2,527,808
New Mexico 2/	1,314,534	1,668,565	336,819
New York	21,298,307	19,715,731	8,618,984
North Carolina	7,621,775	5,691,639	1,504,504
North Dakota	1,266,579	1,522,861	576,109

1/ Allotments do not reflect the amount of funds used for State Agency Administration

2/ Reflects interstate transfer.

FY 1986 TITLE III ALLOTMENTS AFTER 1/ TRANSFERS BY STATES

STATES	TITLE III-B SUPPORTIVE SERVICES	TITLE III-C1 CONGREGATE NUTRITION SERVICES	TITLE III-C2 HOME-DELIVERED NUTRITION SERVICES
Ohio	12,002,348	12,520,119	3,364,420
Oklahoma	3,433,695	4,353,098	879,803
Oregon	3,394,019	2,790,015	1,088,666
Pennsylvania	14,404,582	16,250,935	5,690,834
Rhode Island	1,338,840	1,699,352	343,046
South Carolina	3,209,658	3,105,280	1,001,781
South Dakota	1,333,731	1,692,879	341,737
Tennessee	4,874,283	4,464,258	2,771,395
Texas	13,038,662	15,945,598	3,915,850
Utah 2/	1,342,528	1,365,609	657,241
Vermont	1,323,798	1,304,561	730,563
Virginia	6,477,697	3,835,788	2,215,994
Washington	4,438,221	4,180,087	1,891,603
West Virginia	2,361,241	2,181,656	1,126,256
Wisconsin	5,122,470	6,492,425	1,312,512
Wyoming	1,327,936	1,685,538	340,252
American Samoa	444,854	566,856	113,983
Guam	634,012	766,016	202,916
Puerto Rico	2,367,573	2,907,945	757,610
Trust Territory	634,012	806,481	162,451
Virgin Islands	634,012	645,185	323,747
Northern Marianas	179,664	230,917	46,035
TOTAL	273,661,354	274,021,306	92,349,640

1/ Allotments do not reflect the amount of funds used for State Agency Administration

2/ Reflects interstate transfer.

APPENDIX IV

SUMMARY OF FY'85 TITLE III PROGRAM PERFORMANCE REPORTS

I. STATE AND AREA AGENCY OPERATIONS

A. Total State Agency Paid Staff		2,073 (100%)
60+ Staff	180 (8.6%)	
Female Staff	1,292 (62.3%)	
Total Minority	416 (20%)	

B. Total Statewide Pooling of Resources		$931,722,795*
Local Resources	$243,311,866 (26%)*	
State Resources	$319,231,164 (34%)*	
Federal Resources	$369,179,715 (40%)*	

C. Total Number of Planning and Service Areas	680
D. Total Number of Area Agencies Funded Total Approved Area Plans	669

E. Total Paid Staff		11,738 (100%)
60+ Staff	3,118 (27%)	
Female Staff	8,907 (76%)	
Total Minority	2,833 (24%)	
Racial/Ethnic Composition (% Of Total Paid Staff)		
American Indian/Alaskan Native	122 (1%)	
Asian/Pacific Islander	209 (2%)	
Black, Not Hispanic	1,467 (12%)	
Hispanic	1,030 (9%)	
Total Volunteers		90,390 (100%)
60+ Volunteers	56,514 (63%)	
Minority Volunteers	7,224 (8%)	
Total Paid and Volunteer Staff		102,128 (100%)
Percent Volunteer	(88%)	

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* Data not reported for Minnesota.

II. TITLE III-B SOCIAL SERVICES: SERVICE PROVISION MODE

A.	Total Community Focal Points Designated	8,782
B.	Total Multipurpose Senior Centers Funded	1,931
C.	Total Number of Service Providers	8,573

III. TITLE III-B SUPPORTIVE SERVICE RECIPIENTS

A. Estimated Persons Served (Duplicated)	Estimated Number of Client Contacts***
Access:	
Transportation	6,448,889
Outreach	1,740,629*
Information/Referral	5,471,935*
All Other	1,854,684*
Community Services:	
Legal	524,897
Escort	294,091
Residential Repair/Renovation	56,417
Health	1,054,801
All Other	10,732,033
In-home:	
Homemaker	672,478
Home Health Aid	158,686
Visiting/Telephone Reassurance	969,588
Chore Maintenance	217,611
All Other	228,093
Services in Care-Providing Facilities	797,177

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* Maine reported a combined figure for I&R and Outreach (14,191) that has been included within the "All Other" category.

** Hawaii reported an "Other" minority category with 137 members.

*** The report form uses the term "Persons Served" in categorizing these data. However, since these numbers are highly duplicated, it is preferable to characterize them as "estimated client contacts."

B. Estimated Number of Unduplicated Persons Served

Total Unduplicated Older Recipients		9,331,154 (100%)
Greatest Social Need	4,406,540 (47%)	
Greatest Economic Need	4,036,554 (43%)	
Total Minority Served		1,535,112 (16.4%)

Racial/Ethnic Composition (% Of Total Persons Served)

American Indian/Alaskan Native	49,619 (0.5%)
Asian/Pacific Islander	127,302 (1.4%)
Black, Not Hispanic	1,000,302 (10.7%)
Hispanic	357,752 (3.8%)
**	

IV. TITLE III-C1 CONGREGATE NUTRITION OPERATIONS

A. Total Paid Staff		61,094 (100%)
60+ Staff	24,967 (41%)	
Minority Staff	6,791 (11%)	
Female Staff	50,866 (83%)	
B. Total Volunteers		211,616 (100%)
60+ Volunteers	192,257 (91%)	
Minority Volunteers	33,661 (16%)	
Total Paid and Volunteer Staff		272,710 (100%)
Percent Volunteers	(78%)	
C. Total Congregate Meal Sites Funded Under Area Plans		14,806 (100%)
Type		
Multipurpose Senior Centers	6,058 (41%)	
Religious	2,175 (15%)	
Schools	434 (3%)	
Public or Low-income Housing	2,058 (14%)	
Restaurants	273 (2%)	
Other	3,808 (26%)	

Frequency	
7 Days Per Week	182 (1%)
6 Days Per Week	138 (1%)
5 Days Per Week	11,766 (79%)
4 Days Per Week	441 (3%)
3 Days Per Week	1,003 (7%)
Less Than 3 Days Per Week	1,276 (9%)

D. Sites Serving More Than One Meal Per Day: 445 (3%)

E. Total Meals Served From All Funding Sources 149,875,805 (100%)

F. Type of Meal Preparation

Catered Meals	65,640,455 (44%)
Site-Prepared Meals	43,094,914 (29%)
Central Kitchen Prepared Meals	41,140,436 (27%)

G. Total Meals Served To Elderly and Spouses Only 147,233,379

H. Total Persons Served From All Funding Sources 2,937,061 (100%)

Greatest Social Need	1,580,129 (54%)
Greatest Economic Need	1,564,578 (53%)
Total Minority Served	475,483 (16%)

Racial/Ethnic Composition (% Of Total Persons Served)	
American Indian/Native Alaskan	30,000 (1.0%)
Asian/Pacific Islander	45,714 (1.6%)
Black, Not Hispanic	286,096 (9.7%)
Hispanic	113,673 (3.9%)

V. TITLE III-C2 HOME DELIVERED MEALS OPERATIONS

A. Total Paid Staff 16,885 (100%)

60+ Staff	5,563 (33%)
Minority Staff	4,234 (25%)
Female Staff	12,827 (76%)

B.	Total Volunteers	123,316 (100%)
	60+ Volunteers	86,242 (70%)
	Minority Volunteers	13,808 (11%)
	Total Paid and Volunteer Staff	140,201 (100%)
	Percent Volunteers	(88%)
C.	Total Home Delivered Meal Providers	3,681 (100%)
D.	Meal Frequency	
	7 Days Per Week	383 (10%)
	6 Days Per Week	82 (2%)
	5 Days Per Week	2,910 (79%)
	4 Days Per Week	51 (1%)
	3 Days Per Week	116 (3%)
	Less Than 3 Days Per Week	139 (4%)
E.	Providers Serving More Than One Meal Per Day	306 (8%)
F.	Total Home Delivered Meals (All Funding Sources)	75,539,259 (100%)
	Hot Meals	66,156,334 (88%)
	Cold Meals	9,372,914 (12%)
G.	Total Persons Served From All Funding Sources	693,056 (100%)
	Greatest Social Need	482,987 (70%)
	Greatest Economic Need	446,860 (64%)
	Total Minority Served	120,136 (17%)
	Racial/Ethnic Composition (% Of Total Persons Served)	
	American Indian/Native Alaskan	7,770 (1.1%)
	Asian/Pacific Islander	6,086 (0.9%)
	Black, Not Hispanic	80,601 (11.6%)
	Hispanic	25,679 (3.7%)

APPENDIX V

ADMINISTRATION ON AGING
Office of Human Development Services
U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FISCAL YEAR 1986

TITLE VI - OLDER AMERICANS ACT
Grants to Indian Tribes

Grantees under Title VI as of September 30, 1986

		Number of Grantees
Part I		
90AI0161 to 90AI0168	Grants Effective 1-1-86	8
Part II		
90AI0169 to 90AI0212	Grants Effective 4-1-86	43
Part III		
90AI0086 to 90AI0213	Grants Effective 9-30-86	72
Part IV		
90AI0214 to 90AI0223	Grants Effective 9-30-86	10
	Total Grantees	133

APPENDIX VI

ADMINISTRATION ON AGING
ACTIVE GRANTS
UNDER TITLE IV OF THE OLDER AMERICANS ACT

September 30, 1986

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                                ACTIVE GRANTS
                    Under Title IV of the Older Americans Act
PROJECT
                                        AoA FUNDING
                                        FY 1984        FY 1985        FY 1986
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AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0065
 Lincoln University
 820 Chestnut Street
 Jefferson City, MO  65101
  Baseline Information on Rural Black Elderly
Arnold Parks, Ph.D.
(314) 681-5145
08/01/85 - 06/30/87                     $ 0            $ 110,000          $ 0
Record#  ABSTRACT
    217  This study will interview and gather empirical data on 300 rural
         Black elderly persons living in three southern States--Arkansas,
         Mississippi and Tennessee.  Through these interviews, this study
         will consider the socio-cultural life factors impacting upon the
         southern rural Black elderly population which in turn conditions
         and/or influences their, housing, health, employment, families, and
         life situations.  In consideration of these socio-cultural elements
         the study will explore and answer vital questions about the rural
         Black elderly.
==============================================================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0072
 American Red Cross
 Community and Emergency Services
 17th Street, N.W.
 Washington, DC  20006
  Characteristics and Needs of Black Caretakers and Their Elderly Clients
Carole Kauffman, RN,MPH
(202) 737-8300
09/01/85 - 01/31/87                     $ 0            $ 207,747          $ 0
Record#  ABSTRACT
    189  This project will examine ways of strengthening informal caretaker
         support of the Black elderly in community-based personal care
         homes.  Outcomes include:  documentation and analysis of the
         demographic, situational and reported need variables of the
         caregivers; study of the functional and health variables of the
         elderly cared for in personal-care homes; and identification of
         existing services and needed services that could strengthen the
         caretakers' role.
==============================================================================
                              ACTIVE GRANTS
                Under Title IV of the Older Americans Act
PROJECT
                                       AoA FUNDING
                                       FY 1984       FY 1985       FY 1986
====================================== ======================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0074
 Brown University
 Box 6
 Providence, RI  02912
  Projecting the Long Term Care Needs of the Elderly
Sidney Katz, M.D.
(401) 863-3211
08/01/86 - 05/31/88                    $ 0           $ 0           $ 100,000
Record#  ABSTRACT
      13 This project will combine several health/long-term care data sets
         to produce three products:  1) an analysis of the effects of
         coordinated long-term care services on functioning, using newly
         available measures of physical functioning and functional life
         expectancy; 2) projections of functioning and associated LTC
         service needs for the population 65 and over; and 3) a set of
         alternative long-term care policies based on these projections.
=============================================================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0101
 The Urban Institute
 2100 M St., N.W.
 Washington, DC  20037
  Preparation for an Aging Society: Future Needs, Programs and Personnel
  Requirements
Sheila Zedlewski,
(202) 857-8657
08/01/86 - 07/31/88                    $ 0           $ 0           $ 174,950
Record#  ABSTRACT
       1 This project will use microsimulation techniques to provide
         detailed projections of the size and demographic/economic
         composition of the elderly population through 2020.  These data
         will be linked to service utilization data in the health, social
         service, and housing areas to provide forecasts on likely future
         needs of the elderly and personnel requirements.  A group of
         experts in the various service areas will be responsible for
         drawing public policy implications from the data and forecasts.
         Products will include research papers and a book integrating the
         project's findings.

=============================================================================
                          ACTIVE GRANTS
             Under Title IV of the Older Americans Act

PROJECT                                     AoA FUNDING
                                            FY 1984       FY 1985       FY 1986
====================================  =======================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0102
 Gallaudet University
 800 Florida Avenue, N.E.
 Washington, DC  20002
  Current and Future Needs of the Hearing Impaired Elderly
Thomas E. Allen, Ph.D.
(202) 651-5575
08/01/86 - 07/31/88                         $ 0           $ 0           $ 38,220
Record#  ABSTRACT
     37  This project will assess the future needs of the hearing impaired
         elderly, now estimated at approaching 8 million persons.  A special
         focus will be on those most vulnerable to a loss of independence.
         The analysis will include such variables as age, sex, race, marital
         status, health, socioeconomic status, and level of hearing loss.
         Collaboration with NASUA will help to ensure dissemination and
         utilization of project findings by the aging network.
==============================================================================

AGING POPULATION CHARACTERISTICS/NEEDS
 Research

90AR0104
 United Way of America
 701 North Fairfax Street
 Alexandria, VA  22314
  Preparation for an Aging Society:  Future Needs, Programs, and Personnel
  Requirements
Thomas J. Ledwith, Ph.D.
(703) 836-7100
09/30/86 - 09/29/88                         $ 0           $ 0           $ 175,000
Record#  ABSTRACT
     38  This project will link forecasts on the demographic, health, and
         economic conditions of the older population to policy
         considerations at Federal, State, and local levels.  Using Trend
         Impact Analysis, the project will project the number of older
         persons in various categories of need, the services and programs
         likely to be available, the number of elderly, by category, likely
         to seek support under available programs and conclude with an
         evaluation of the program and policy implications of these trend
         projections and analyses.
==============================================================================
                    ACTIVE GRANTS
        Under Title IV of the Older Americans Act

PROJECT                              AoA FUNDING
                                     FY 1984      FY 1985      FY 1986
===================================  ======================================

ALZHEIMER'S DISEASE
 Demonstration

04AM0279
 Central Midlands Regional Planning Council
 Dutch Plaza, Suite 155
 800 Dutch Square Boulevard
 Columbia, SC  29210
  A Continuum of Care for Alzheimer's Families
Sue L. Scally, Ph.D.
(803) 798-1243
08/01/86 - 07/31/88                  $ 0          $ 0          $ 106,606
Record#  ABSTRACT
     67  This project will develop a comprehensive system of care for
         Alzheimer's Disease victims, integrating medical care and social
         services, providing early intervention and individualized need
         assessment and planning, and coordinating formal and informal
         supports to strengthen the caregiver and delay
         institutionalization.  The system constitutes a model continuum of
         care organized and implemented by a consortium of aging and social
         service agencies, complemented by medical and psychiatric care
         facilities.  Results of this model project will be disseminated to,
         and used by, the Aging and ADRDA Networks.
===========================================================================

ALZHEIMER'S DISEASE
 Demonstration

90AM0120
 Bureau of Maine's Elderly
 State House Station 11
 Augusta, ME  04333
  A Residential Resource Center Supporting Formal and Informal Caregivers to
  Alzheimer's Disease Victims
Gail Drake Wright,
(207) 289-2561
06/28/85 - 06/30/87                  $ 0          $ 212,400    $ 0
Record#  ABSTRACT
     39  This project will establish a State-wide model resource center for
         professional and informal caregivers of victims of Alzheimer's
         Disease and related disorders.  The center will include a 20-bed
         boarding home and an adult day care and respite program for 60
         patients whose operation will be funded by the State.  AoA will
         fund the evaluation component as well as the training and technical
         assistance efforts, which will be available on-site for 500 formal
         and informal caregivers.
===========================================================================
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PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
ALZHEIMER'S DISEASE Demonstration 90AM0130 University of Southern California Andrus Gerontology Center University Park MC-0191 Los Angeles, CA 90089 Telephone Networks for Alzheimer's Caregivers: An Instructional Package for Peer Support Jon Pynoos, Ph.D. (213) 743-5981 06/28/85 - 12/31/87	$ 0	$ 115,994	$ 0
Record# 170 ABSTRACT This project will develop, pilot, and test telephone support networks for the caregivers of victims of Alzheimer's Disease. This instructional program is designed for caregivers who cannot attend weekly group meetings, who are geographically dispersed, or who are resistant to traditional forms of psychological help. Tests of effectiveness are increased social supports, caregiver and communications skills, accompanied by decreased burden, depression, and anxiety.			
ALZHEIMER'S DISEASE Demonstration 90AM0144 New York City Department for the Aging 2 Lafayette Street New York, NY 10007 Alzheimer's Legal Support Project Janet S. Sainer, (212) 577-0829 06/28/85 - 06/28/87	$ 0	$ 100,000	$ 100,00
Record# 131 ABSTRACT This project will demonstrate an innovative replicable model for expanding the Aging Network's capacity to assist caregivers of Alzheimer's Disease patients to deal with legal problems stemming from the patient's progressive impairment. There are four (4) components: 1) training of law students, lawyers, and department staff; 2) provision of legal information; 3) increasing caregiver awareness of long-range legal/financial concerns; and 4) improving the ability of Area Agencies on Aging to assist Alzheimer's patients and caregivers.			

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                    ACTIVE GRANTS
       Under Title IV of the Older Americans Act

PROJECT                             AoA FUNDING
                                    FY 1984       FY 1985       FY 1986
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ALZHEIMER'S DISEASE
 Demonstration

90AM0162
 Alzheimer's Disease and Related Disorders Assoc. of Eastern MA
 20 Park Plaza, Suite 636
 Boston, MA  02116
  An Alzheimer's Disease Partnership for Community Based Respite
Joan Hyde, Ph.D.
(617) 574-9394
09/30/85 - 09/29/88                 $ 0           $ 94,920      $ 199,540
Record#  ABSTRACT
    130  This project combines the resources of ADRDA units, Area Agencies
         on Aging, and service providers in 1) improving the quality of care
         for Alzheimer's victims and their families; 2) decreasing stress on
         family caregivers; and 3) increasing cost effectiveness of care in
         the least restrictive setting.  Among the innovative services to be
         undertaken by these community-based partnerships is a model
         recruitment and training program for homecare respite workers.
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ALZHEIMER'S DISEASE
 Demonstration

90AM0163
 Tri-City Community Mental Health Center
 3901 Indianapolis Boulevard
 East Chicago, IN  46312
  Church Based Counseling Services for Older Persons with Alzheimer's
  Disease and Their Families
Sandy Appleby,
(219) 398-7050
09/30/85 - 02/28/87                 $ 0           $ 30,000      $ 0
Record#  ABSTRACT
    171  This project is designed to provide church-based counseling and
         advocacy services to older persons with Alzheimer's Disease and
         related disorders and their families.  Services will be delivered
         by volunteers, clergy, and mental health professionals.  An
         innovative model will be established for church/community mental
         health center collaboration to serve Alzheimer's victims and their
         families.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

ALZHEIMER'S DISEASE
Information Dissemination/Public Education

90AR0077
Alzheimer's Disease Family Support Group
6847 Jewel Lake Road, #167
Anchorage, AK 99502
Dissemination of Information to Caregivers
Rebecca Clement,
(907) 344-3706

07/01/86 - 06/30/87	$ 0	$ 0	$ 25,000

Record# ABSTRACT
35 This project will establish a tele-communication information network and family support group between homebound caregivers of victims of Alzheimer's Disease and Related Disorders. The use of Tele-communications to overcome the isolation and inaccessibility of rural Alaska will serve as a model for support groups in other rural states.

ALZHEIMER'S DISEASE
Research

90AR0063
University of Chicago
School of Social Service Administration
969 E. 60th Street
Chicago, IL 60637
Analysis of Behavioral Programming for Alzheimer's and Other Dementia Clients
Elsie Pinkston, Ph.D.
(312) 962-1176

06/28/85 - 06/28/87	$ 0	$ 131,339	$ 130,40

Record# ABSTRACT
129 This project will evaluate the use of behavioral procedures, in combination with family and day care center interventions, in preventing institutional placement of Alzheimer's and other dementia clients. The project will be conducted in 2 or more day centers with 30 clients, 30 families, and 15 staff over a 2-year period and follow-up every 6 months. Benefits should include a decrease in early admission to nursing homes, respite for family caretakers, and evidence on the costs and feasibility of this cooperative, nonresidential care program.

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                            ACTIVE GRANTS
             Under Title IV of the Older Americans Act
PROJECT
                                     AoA FUNDING
                                     FY 1984       FY 1985       FY 1986
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ALZHEIMER'S DISEASE
 Research

90AR0064
 University of Southern California
 Andrus Gerontology Center
 University Park
 Los Angeles, CA  90089
  Establishing a Baseline Profile of Public Knowledge and Perceptions
  Regarding Alzheimer's Disease
Neal Cutler, Ph.D.
(213) 743-6794
06/26/85 - 01/31/87                  $ 0           $ 66,846       $ 0
Record#  ABSTRACT
    172  This project will develop a baseline profile of public knowledge
         and perceptions concerning Alzheimer's Disease.  A national survey
         will determine the nature and extent of misperceptions and
         misinformation about Alzheimer's Disease and suggest specific
         educational and media efforts to redress the problem.  This
         baseline national profile should lead, as well, to more systematic
         analysis of public knowledge and attitudes regarding Alzheimer's
         Disease.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

04AM0284
Southwest Tennessee Development District
Area Agency on Aging
416 East Lafayette Street
Jackson, TN 38301
Conserving and Targeting Resources
Ann Lewis,
(901) 422-4041

09/30/86 - 09/29/88	$ 0	$ 0	$ 64,088

Record# ABSTRACT

65 This project will foster systems change to achieve priority setting and planning for a community-based continuum of care to serve a predominantly rural elderly population. It will facilitate collaborative efforts to reduce delay and inefficiencies in client assessment, discharge planning, and client monitoring. In addition, the project will target Federal, State, and local resources in assisting vulnerable older persons.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

06AG0298
Texas Department on Aging
P.O. Box 12786
Capitol Station
Austin, TX 78711
Public-Private System Building: Health Care Cost Containment
O.P. Bobbitt,
(512) 444-2727

09/01/86 - 08/31/88	$ 0	$ 0	$ 143,493

Record# ABSTRACT

61 This project will franchise to ten sites in Texas a set of service packages and methodologies as well as long-term care systems building concepts that comprise an entrepreneurial approach to developing community-based services for the moderately and severely impaired elderly. Expected outcomes include: better links between the long-term and acute care systems; benefit by aging agencies from corporate expertise; and increased corporate support for aging programs.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT | AoA FUNDING FY 1984 | FY 1985 | FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

08AM0039
Colorado Department of Social Services
Division of Aging and Adult Services
717 - 17th Street, P.O. Box 181000
Denver, CO 80218
Colorado Continuum of Care Systems Development Project
Thomas Kowal,
(303) 294-2861
09/30/86 - 09/29/88 $ 0 $ 0 $ 176,013
Record# ABSTRACT

69 This project's goal is to more effectively and efficiently meet the needs of an estimated 60,000 older and/or disabled adults who require protective and long term supportive services, through the implementation of State and local system changes that will result in a more integrated, accessible, and accountable continuum-of-care service delivery system. Among the expected products are: single entry point models; uniform service definitions and performance standards; and a modified State-local block grant/Social Services District model.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

10AS0001
Clackamus County Department of Human Resources
Area Agency on Aging
1107 - 7th Street
Oregon City, OR 97045
Quality Assessment and Enhancement of Services for the Elderly
John Mullin,
(503) 655-8640
08/01/86 - 12/31/87 $ 0 $ 0 $ 86,845
Record# ABSTRACT

64 This project focuses on the dissemination and franchising of three (3) model programs: an innovative hospice program; a guardianship/conservatorship program; and a local/State quality assessment program. Systems change will be achieved through the collaboration of the AAA, the SUA, a community college, and two local non-profit organizations. Products will include training manuals and quality assessment protocols covering long term care, housing, and related aging issues.

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0151
National Association of State Units on Aging
600 Maryland Avenue, S.W., Suite 208 West Wing
Washington, DC 20024
Effective Utilization of Corporate Human Resources in State Social Service Systems
Daniel A. Quirk, Ph.D.
(202) 484-7182

	FY 1984	FY 1985	FY 1986
06/28/85 - 06/30/87	$ 0	$ 153,808	$ 124,392

Record# ABSTRACT

161 The purpose of this project is to enhance the efficiency and effectiveness of State aging service systems through increased collaboration between State Units on Aging and private business. The results of the implementation stage of the collaborative SUA/corporation efforts will be assessed, documented, and disseminated to the human service and business sectors through publications, workshops, forums, and technical assistance from NASUA and the Washington-Business Group on Health. Products to be developed: 1) State Agency Assessment Guide, 2) Inventory of Corporation of Human Service Programs, and 3) A Guide to State-Corporate Collaboration.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0171
Ohio Department of Aging
50 W. Broad Street, 9th Floor
Columbus, OH 432660501
Designing Mechanisms for Assuring Quality of In-Home Services for Elderly Care Recipients
Larry MacIntosh,
(614) 466-1245

	FY 1984	FY 1985	FY 1986
06/01/86 - 10/31/87	$ 0	$ 0	$ 158,775

Record# ABSTRACT

3 The project will be conducted by the Ohio Department of Aging in collaboration with the Scripps Gerontology Center at Miami University. Its purpose is to respond to current and potential problems of quality assurance of in-home service programs. The objectives are to review current quality assurance research and programs; to design and implement a quality assurance program in two sites in Ohio; to evaluate the two pilot programs; and to produce a handbook and conduct a regional conference for agency personnel with responsibilities for quality assurance of in-home care programs.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0178
National Caucus and Center on Black Aged
1424 K Street, N.W., Suite 500
Washington, DC 20005
Increasing Elderly Blacks Accessibility to Older Americans Act Services
Richard Mapp,
(202) 637-8400

07/01/86 - 09/30/87	$ 0	$ 0	$ 200,000

Record# ABSTRACT

27 Purpose is to increase elderly Black participation rate in Title III supportive and nutrition services by developing seven model projects. Objectives are: 1) to locate elderly with service needs; 2) innovative service delivery techniques; 3) identification of effective projects for replication; 4) identification of community leaders; and 5) conducting community forums to increase awareness of Older Americans Act services. A "best practices" community model guidebook will be produced.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0180
Monroe County Office for the Aging
375 Westfall Road
Rochester, NY 14620
Tying It All Together: Enhancing the Planning and Availability of Services for the Elderly
Gary R. Merritt,
(716) 428-5940

06/01/86 - 05/31/88	$ 0	$ 0	$ 119,927

Record# ABSTRACT

60 This project is a collaborative public/private sector effort to make substantial improvements in information, referral, and service provision for older persons. Systems changes will include: providing accurate information to clients, families, and providers; assistance in negotiating the service system; coordinated planning to determine gaps in the continuum of services and joint action to make the requisite services available to older persons and their family caretakers.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0181
New York City Department for the Aging
2 Lafayette Street
New York, NY 10007
An Intersystem Partnership
Janet S. Sainer,
(212) 577-0829

06/01/86 - 05/31/88	$ 0	$ 0	$ 164,210

Record# ABSTRACT
55 This project will demonstrate systems change to improve the lives of older Americans through a partnerhsip between an Area Agency on Aging and a Medicaid agency aimed at expanding access to community-based in-home and other long-term care services for poor and near-poor elderly while maximizing the resources of both agencies. Expected outcomes include: 1) a replicable strategy for increasing agency service capability; 2) specific policies for achieving effective collaboration; 3) greater use of existing resources.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0203
Lincoln University
Master of Human Services
Lincoln, PA 19352
Increasing Minority Elderly Participation in Title III Programs
Mapule Ramashala, Ph.D.
(215) 476-6668

07/01/86 - 11/30/87	$ 0	$ 0	$ 199,329

Record# ABSTRACT
26 This project will develop and implement best practice models and strategies to address low minority participation in Title III and related programs in Pennsylvania. Outcomes expected include: dissemination of a bset practices manual developed by the project and increased service utilization of Title III services by minorities.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0216
Asociacion Nacional Pro Personas Mayores
2727 W. 6th Street, Suite 270
Los Angeles, CA 90067
Project ACCESO
Carmela Lacayo,
(213) 487-1922
09/30/86 - 02/29/88 $ 0 $ 0 $ 200,000
Record# ABSTRACT
58 Purpose of the project is to increase access to Title III services by rural Hispanic elderly. Expected outcomes include a reverse in the decline in low-income Hispanic participation in Title III, a cadre of community volunteers; and better targeted services. Products will include bilingual radio spots for Title III outreach and a training program for the Aging Network for providing Title III services for rural Hispanic elderly.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0217
Union of Pan Asian Communities and the Council for Minority Aging
1031 - 25th Street
San Diego, CA 92101
Enhancing Services to Minority Elderly - Operational Model
Avis Johnson,
(619) 234-8008
07/01/86 - 11/30/87 $ 0 $ 0 $ 118,616
Record# ABSTRACT
28 The goal is to increase Title III program participation in San Diego County and to provide a replication model. Minority Advocacy Aging Groups will be helped to become change agents. Outcomes include: increased minority participation; development of pool of service providers trained to serve minorities and stronger Council for Minority Aging. Products will include: a training manual for senior advocates; model for replication; and a report outlining a method for identifying and assessing the needs of minority elderly subgroups.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0247
Asian Association of Utah
28 E 2100 South #102
Salt Lake City, UT 84115
Increased Access of Asian Elderly to Title III Programs
Shu Cheng,
(801) 486-5987

09/30/86 - 02/28/88	$ 0	$ 0	$ 107,000

Record# ABSTRACT
85 Purpose of project is to increase service access of Asian elderly to Title III services through community education, increased volunteers, transcultural training and service provider collaboration. Product will be a training package for aging service workers.

COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
Demonstration

90AM0249
Central Indiana Council on Aging, Inc.
615 N. Alabama Street, Suite 336
Indianapolis, IN 46204
Project Independence: Living Alternatives for Seniors
Duane Etienne,
(317) 633-6191

09/01/86 - 08/31/88	$ 0	$ 0	$ 382,500

Record# ABSTRACT
57 Through planning, education, service development and delivery, this project will expand living alternatives for older persons and seek to concretize the system changes necessary to sustain these alternatives. The project focuses on those elderly 75+ who live alone, increases the housing options available to them, and eliminates gaps in community-based services to foster in-home care.

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                              ACTIVE GRANTS
                 Under Title IV of the Older Americans Act

PROJECT                                  AoA FUNDING
                                         FY 1984       FY 1985        FY 1986
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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
 Demonstration

90AM0255
 National Association of State Units on Aging
 600 Maryland Avenue, S.W., Suite 208
 Washington, DC  20024
  Measurement of Comprehensive Community Care Systems Building Efforts
Robert C. Ficke,
(202) 484-7182
09/30/86 - 09/29/87                      $ 0           $ 0            $ 120,000
Record#  ABSTRACT
     52  The project is designed to measure the efforts of State and Area
         Agencies on Aging to develop comprehensive community care service
         systems.  With the assistance of expert consultants, NASUA and
         NAAAA will develop and test a set of indicators for analyzing and
         measuring community care sytems building in a representative
         cross-section of State and Area Agencies on Aging.  The results
         will be a blueprint for determining in operational terms what State
         and Area Agencies on Aging are now or might be doing to make
         comprehensive, coordinated community-based systems a reality.
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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
 Demonstration

90AM0256
 Minnesota Department of Human Services
 Refugee Program Office
 444 Lafayette Road
 St. Paul, MN  55101
  Community Social Services for Isolated Southeast Asian Elderly Refugees
Quy Dam,
(612) 297-3210
09/30/87 - 02/28/88                      $ 0           $ 0            $ 164,300
Record#  ABSTRACT
     29  Project will develop culturally appropriate programs for elderly
         Asians in four Asian Community Centers.  Goal is to reduce
         isolation and loneliness and to develop a process of integration
         into Title III and other programs for the elderly.  A program
         delivery model and a behavioral change model will be developed.
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                    ACTIVE GRANTS
         Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984      FY 1985        FY 1986
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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
 Research

90AM0165
 National Hispanic Council on Aging
 2713 Ontario Road, NW, Suite 200
 Washington, DC  20009
  Addressing Long Term Care Needs of Hispanic Elderly in Selected States
Marta Sotomayor, Ph.D.
(202) 265-1288
09/30/85 - 02/28/87                    $ 0          $ 175,000          $ 0
Record#  ABSTRACT
    190  A model of long term care appropriate to Hispanic elderly in
         selected cities with large Hispanic populations will be developed.
         Representatives of various provider systems, Hispanic
         gerontologists and consumers will be brought together to develop
         recommendations.  Technical assistance, based on the model and
         recommendations, will be offered to State Agencies.
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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
 Research

90AM0253
 Special Services for Groups
 National Pacific/Asian Resource Center on Aging
 2033 6th Avenue, Suite 410, United Airlines Building
 Seattle, WA   98121
  Key to Access - Creating Inclusive Systems
Louise Kamikawa,
(206) 448-0313
09/30/86 - 09/29/87                    $ 0          $ 0          $ 200,050
Record#  ABSTRACT
     87  This project will focus on improving Pacific/Asian participation in
         Older American Act programs.  With the assistance of the National
         Association of Area Agencies on Aging, local sites will be chosen
         for obtaining consumer based information regarding non-use or drop
         in the use of services.  It will identify the causal factors in the
         decline of Pacific/Asian Elderly in Aging programs and will develop
         policy-oriented strategies for addressing the problem.
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                          ACTIVE GRANTS
              Under Title IV of the Older Americans Act
PROJECT                               AoA FUNDING
                                      FY 1984       FY 1985       FY 1986
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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
 Research

90AR0078
 Baltimore County Department of Aging
 611 Central Avenue
 Towson, MD  21204
  ROMULAS:  Results Oriented Management for Users in Longterm Care and Aging
  Services
Thomas M. Maze, M.A.
(301) 494-2107
07/01/86 - 06/30/88                   $ 0           $ 0           $ 142,500
Record#  ABSTRACT
     11  This project develops, collects and analyses client outcome data
         for frail and at-risk elderly persons.  It is developing a system
         to measure the effectiveness of various elderly programs for nearly
         3,000 clients served by long-term care services, senior center
         frail programs and preventive geriatric health programs.  The
         outcomes include 1) a cost-effective measurement system, 2) a set
         of client outcome indicators, 3) an inter-agency public private
         partnership model, and 4) a two-year set of preventive geriatric
         client outcome data.
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COMMUNITY-BASED CARE SYSTEMS DEVELOPMENT/IMPROVING LINKAGES
 Research

90AR0103
 Jewish Federation Council of Greater Los Angeles
 6505 Wilshire Boulevard
 Los Angeles, CA  90048
  Community Based and In-Home Services for the Frail Elderly - A Cooperative
  Cities Program
Saul Andron, Ph.D.
(213) 852-1234
08/01/86 - 07/31/89                   $ 0           $ 0           $ 46,550
Record#  ABSTRACT
     83  Purpose of this project is the transfer of international
         innovations between Israel and the United States.  The cities of
         Los Angeles and Jerusalem will be linked in a series of exchanges
         concerning long term care for the frail and economically
         disadvantaged elderly.  Joint seminars, workshops and meetings will
         be held.  Delegations will be exchanged for study visits.  Project
         should result in joint planning and demonstration projects; testing
         of effective service delivery models and a practice guide focusing
         on community-based service delivery.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

ELDER ABUSE
Demonstration

90AM0204
University of Delaware
College of Human Resources
Newark, DE 19716
Statewide Elder Abuse Prevention Efforts
Suzanne Steinmetz, Ph.D.
(302) 451-2940

06/30/86 - 06/30/88	$ 0	$ 0	$ 123,761

Record# ABSTRACT
117 To increase public awareness regarding elder abuse through public service announcements. To increase knowledge of police, social service and medical personnel through training conducted by Delaware Division of Aging trainer, using training modules developed by University of Delaware. To develop three training videotapes with pamphlets to improve informal caregivers' capabilities. To facilitate work of researchers, educators, clinicians and policy-makers, distribute five issues nationwide of bulletin listing resources contained in data archival/retrieval system: "Clearinghouse on Abuse and Neglect of the Elderly," funded by Delaware Division of Aging.

ELDER ABUSE
Demonstration

90AM0205
CARIE-Philadelphia Elder Abuse Task Force
1315 Walnut Street, Suite 1310
Philadelphia, PA 19107
Statewide Collaborative Effort to Prevent Elder Abuse
Janice Fiegener,
(215) 545-5728

06/30/86 - 06/30/88	$ 0	$ 0	$ 150,000

Record# ABSTRACT
119 The Philadelphia Elder Abuse Task Force Model will be replicated Statewide to develop collaborative efforts to implement a Statewide public education campaign to recognize and prevent elder abuse. Grantee will present 4 regional workshops to share information, review existing services, and recommend methods to integrate services. The 4 regional workgroup chairpersons will act as a steering committee to coordinate the project. Expected products are manual and training sessions for health, law enforcement and human service professionals.

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                              ACTIVE GRANTS
                  Under Title IV of the Older Americans Act

PROJECT                                    AoA FUNDING
                                           FY 1984        FY 1985        FY 1986
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ELDER ABUSE
 Demonstration

90AM0206
 Texas Department of Human Services
 P.O. Box 2960
 Austin, TX  78769
  Collaborative Elder Abuse Prevention Project
Kent Gummerman,
(512) 450-3743
06/30/86 - 06/29/88                        $ 0            $ 0            $ 150,000
Record#  ABSTRACT
    115  To prevent elder abuse, (1) develop Statewide public education
         campaign to create public awareness; (2) develop Statewide
         structure for achieving coordinated service delivery system for
         abused older persons; and (3) develop Statewide cross-organization
         comprehensive long-range (6 to 10 years) plan for prevention of
         elder abuse in Texas.  The project's executive steering committee
         will establish State-level work groups to accomplish project tasks.
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ELDER ABUSE
 Demonstration

90AM0207
 National Association of State Units on Aging
 600 Maryland Avenue, S.W., Suite 208, West Wing
 Washington, DC  20024
  Franchising Best Practice in Elder Abuse Program Management
Robert Ficke,
(202) 484-7182
06/30/86 - 06/30/88                        $ 0            $ 0            $ 72,160
Record#  ABSTRACT
    116  To develop professional awareness and competencies, together with
         the American Public Welfare Association (NASUA) will develop "best
         practice" user manuals to disseminate to State Units on Aging, Area
         Agencies on Aging, and Adult Protection Agencies, and conduct five
         regionally based workshops for State staff.  Convene national
         symposium and disseminate proceedings.
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                         ACTIVE GRANTS
             Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984       FY 1985       FY 1986
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ELDER ABUSE
 Demonstration

90AM0208
 Mount Zion Hospital & Medical Center
 P.O. Box 7921
 San Francisco, CA  94120
  Technical Assistance to State of California's Model Projects in Elder
  Abuse Prevention
Deborah Petrie,
(415) 885-7533
06/30/86 - 06/30/88                     $ 0           $ 0           $ 110,883
Record#  ABSTRACT
    115  Will provide comprehensive technical assistance to five State
         selected Adult Protective Services Agencies in California to
         develop local model projects to provide elder abuse prevention and
         follow-up services.  Will conduct four regional training
         conferences for approximately 1,800 service providers and technical
         assistance to an additional 10 protective service programs.
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ELDER ABUSE
 Demonstration

90AM0209
 University of Alabama
 College of Community Health Sciences
 P.O. Box 6291
 University, AL  35486
  Statewide Elder Abuse Prevention Training Program
Lorin Baumhover, Ph.D.
(205) 348-7942
06/30/86 - 06/30/88                     $ 0           $ 0           $ 134,154
Record#  ABSTRACT
    112  Grantee will implement Statewide network in which cases of elder
         abuse, being investigated or prosecuted, will be referred to a
         community mental health center for clinical follow-up.  Client will
         be involved in a clinical trial involving elder abuse/neglect
         intervention model.  Focus of project is on abusor. Effects of
         program will be measured by the following outcomes:  changes in (1)
         caretaking skills, (2) stress level of caretaker, (3) knowledge of
         physical and psychological changes with aging, (4) home care
         situation, and (5) reports of recurrent abusive episodes.  Products
         will include a manual describing training utilized and issues
         identified.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

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PROJECT                                  AoA FUNDING
                                         FY 1984      FY 1985      FY 1986
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ELDER ABUSE
 Demonstration

90AM0210
 North Carolina Department of Human Resources
 325 North Salisbury Street
 Raleigh, NC  27611
  Protective Services for Abused Elderly
Beth Barnes,
(919) 733-3818
06/30/86 - 06/30/88                      $ 0          $ 0          $ 150,000
Record#  ABSTRACT
    113  Will develop Statewide a coordinated community elder abuse
         prevention and services program.  Develop and field test in five
         counties a public education campaign which includes guidelines for
         use with local media.  Develop multidisciplinary consultation teams
         to respond to clients' needs in 15 counties.  Provide training to
         10-20 trainers who will train 500 service providers in elder abuse
         client assessment and follow-up.  Provide technical assistance to
         21 county Social Services Departments.  Products will include a
         curriculum for training human services professionals.
==============================================================================

ELDER ABUSE
 Demonstration

90AM0214
 Yakima Indian Nation
 P.O. Box 151
 Toppenish, WA  98948
  Prevention of Tribal Elder Abuse
LaRena Sohappy,
(509) 865-5121
06/30/86 - 06/30/88                      $ 0          $ 0          $ 101,756
Record#  ABSTRACT
    114  To create public awareness and professional competency in providing
         services related to Tribal elder abuse, grantee will develop a
         manual for service providers based on training materials utilized
         at workshops for State/Tribal/federal service providers; and will
         develop videotapes for an intended audience of the Indian Nation's
         citizens at large, will prepare an analysis of Yakima Tribal law
         related to elder abuse and draft model Tribal code revisions for
         adoption by Yakima Tribal Council.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
ELDER ABUSE Demonstration			
90AM0215 Wisconsin Department of Health & Social Services Division of Community Services P.O. Box 7851 Madison, WI 53707 Wisconsin's Collaborative Prevention of Elder Abuse Jane Raymond, (608) 266-2568 06/30/86 - 06/30/88	$ 0	$ 0	$ 140,000

Record# ABSTRACT

111 The State Office on Aging is working with five other sponsors: the State Adult Protective Services Office, State Elder Abuse Task Force, Great Lakes Inter-Tribal Council, and the Milwaukee and Southern Area Agencies on Aging; in four locations: Dane and Milwaukee Counties, a tribal site and at the State Office. Will develop and implement collaborative public education campaign and professional education programs, multidisciplinary teams, and Senior Advocacy Volunteer programs to prevent and provide services for elder abuse victims and families.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

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PROJECT                                 AoA FUNDING
                                        FY 1984        FY 1985        FY 1986
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EMPLOYMENT/INCOME SECURITY
 Demonstration

90AM0245
 American Association For International Aging
 1511 K Street, N.W., Suite 1028
 Washington, DC  20005
  Income Generating Projects for the Elderly
Helen Kerschner,
(202) 638-6815
07/01/86 - 06/30/89                     $ 0            $ 0            $ 108,263
Record#  ABSTRACT
     86  Major objective of the project is to find innovative
         income-generating programs for the elderly in the U.S. and other
         countries which can be adapted to the U.S.  Five demonstration
         sites will be established and evaluated.  Products will include 1)
         a data base of domestic and international income-generating
         projects for the aging; 2) reports on particularly innovative
         income-generating programs; 3) training materials (both written and
         visual) on how these projects operate and how they can be
         replicated.
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                           ACTIVE GRANTS
              Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984      FY 1985 ,     FY 1986
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HEALTH CARE/SERVICES - MENTAL
 Demonstration

07AM0130
 Kirkwood Community College/Heritage Agency on Aging
 6301 Kirkwood Boulevard, S.W.
 Cedar Rapids, IA  52406
  Evaluation of a Rural Geriatric Mental Health Program
Kathleen C. Buckwalter, Ph.D.
(319) 398-5559
06/01/86 - 05/31/88                    $ 0          $ 0           $ 150,000
Record#  ABSTRACT
     54  This project will implement and evaluate a model program to deliver
         mental health services to the rural elderly.  Older individuals in
         need of mental health care will be identified through such outreach
         approaches as screening at congregate meal sites and the use of
         non-traditional referral sources (e.g. rural mail carriers).
         Services will be made available through existing facilities or at
         other more accessible treatment sites (e.g. in-home).
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HEALTH CARE/SERVICES - MENTAL
 Information Dissemination/Public Education

90AM0169
 Michigan Office of Services to the Aging
 P.O. Box 30026
 Lansing, MI  48909
  Innovative Model to Improve Mental Health Services for Older Adults
Sally C. Grady,
(517) 373-8810
06/01/86 - 10/31/87                    $ 0          $ 0           $ 73,544
Record#  ABSTRACT
     56  This project will disseminate the innovative methods of the
         Building Ties Project, a mental health and aging interagency
         planning model.  Under State Agency on Aging and Mental Health
         Agency auspices, the cooperative planning and service delivery
         system developed in Michigan will be replicated in nine (9) other
         States.  Key features of the Building Ties Model are local
         interagency committees, State consultation and training,
         improvement in the accessibility, availability, responsiveness, and
         cost-effectiveness of mental health services for the aging.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

HEALTH CARE/SERVICES - PHYSICAL
Demonstration

08AM0037
Wyoming Commission on Aging
Hathaway Building, First Floor
Cheyenne, WY 82002
Wyoming Catastrophic Information Network
E. Scott Sessions,
(307) 777-7986

09/01/86 - 01/31/88	$ 0	$ 0	$ 50,000

Record# ABSTRACT
33 This project will be directed toward developing private sector awareness, cooperation, and participation with the State of Wyoming in developing and utilizing resources to protect older people against the burdens of catastrophic illness. This goal will be accomplished through strengthening the Catastrophic Information Network, by updating the current data base of the Network, and by developing a comprehensive public relations and marketing program for the Network.

HEALTH CARE/SERVICES - PHYSICAL
Demonstration

90AM0139
Florida Department of Health and Rehabilitative Services
Aging and Adult Services Program
1323 Winewood Boulevard
Tallahassee, FL 32301
State Veterans Administration (VA) Long Term Care for Medically Dependent Frail Elderly
Dawn Pollock,
(904) 488-2881

06/28/85 - 06/27/88	$ 0	$ 104,017	$ 104,017

Record# ABSTRACT
234 Utilizing two sites, Miami (Dade County) and rural Marion-Citrus Counties, this project will demonstrate interagency cooperation between the Department of Health and Rehabilitative Services (HRS) and the Veterans Administration (VA). The project will offer frail elderly persons a low cost alternative to nursing home care by provision of medical case management through nurses, and caregiver training to enable the frail elderly to remain at home. Further, curriculum development for the furtherance of gerontology training of both HRS and VA staff will be a primary objective of the project. An assessment instrument focused on caregivers will also be produced based on the collective experience of HRS and VA personnel.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

HEALTH CARE/SERVICES - PHYSICAL
Other - Statewide Planning

90AT0187
University of Colorado
Health Sciences Center - School of Dentistry
4200 East Ninth Avenue, Box G-284
Denver, CO 80262
Statewide Planning for Dental Care for the Elderly
Beverley Entwistle, RDHMPH
(303) 394-8015

	FY 1984	FY 1985	FY 1986
07/01/86 - 11/30/87	$ 0	$ 0	$ 128,833

Record# ABSTRACT

16 This project will develop and implement Statewide plans to improve dental health care for the elderly. Through the Colorado School of Dentistry, steering committees will be organized for Colorado, Utah, Wyoming and Montana to bring together representatives from professional organizations, dental hygiene schools, State health departments, State units on aging and Area Health Education Centers. These teams will identify dental needs of the elderly, barriers to meeting needs, continuing education needs for dentists and hygienists, goals for meeting needs, methods, resources and responsible persons. Outcomes will be Statewide continuing education and Statewide plans which can be developed in other States.

HEALTH CARE/SERVICES - PHYSICAL
Training

90AT0327
University of New Mexico
School of Medicine
Albuquerque, NM 87131
Continuing Education and Training for Providers of Health Care for New Mexico Elderly
Robert Thompson, M.D.
(505) 277-2165

	FY 1984	FY 1985	FY 1986
11/01/86 - 03/31/88	$ 0	$ 0	$ 184,319

Record# ABSTRACT

232 The project will conduct two multi-disciplinary sessions to New Mexico's physicians, nurse practitioners, nurses, and pharmacists. To increase the number of professionals who are adequately prepared to give services to the elderly, training will be provided which provides information on normal aging, problem specific health related issues commonly experienced by the elderly, health promotion in the elderly, and proper physiological, psychosocial, and functional assessment of the elderly. The course will be packaged in a modular format, offered for self-instructional correspondence use, and will be conducted in collaboration with the New Mexico State Agency on Aging.

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

HEALTH PROMOTION/HEALTH EDUCATION
Demonstration

07AM0321
Lincoln Area Agency on Aging
129 North 10th Street, Room 116
Lincoln, NB 68508
Disease Prevention and Consumer Health Education for Older Persons
Steven R. Beal,
(402) 471-7800

	FY 1984	FY 1985	FY 1986
08/01/86 - 07/31/88	$ 0	$ 0	$ 104,589

Record# ABSTRACT
53 This project will encompass health awareness and educational activities, health behavior assessments, lifestyle change agreements, and classes in physical fitness, nutrition and stress management. It is a joint effort, combining the resources of the Lincoln Area Agency on Aging, the Lincoln-Lancaster County Health Department, and the local Older Adult Health Promotion Coalition. The project will achieve systems change aimed at improving the health and lifestyles of older persons.

HEALTH PROMOTION/HEALTH EDUCATION
Demonstration

90OJ1039
National Congress of American Indians
Human Resources Unit
804 D Street, N.E.
Washington, DC 20002
Intergenerational Health Promotion and Education Program
Dorren Lonefight,
(202) 546-9404

	FY 1984	FY 1985	FY 1986
08/01/85 - 01/31/87	$ 0	$ 30,000	$ 0

Record# ABSTRACT
208 The purpose is to demonstrate a replicable, intergenerational health promotion and education model in which Indian/Alaska Native Elder volunteers provide elementary school students with information on health behavior through the "Sacredness of Life" concept. It will be conducted through Indian elementary schools. Supervised by teachers, the elder volunteers will utilize a learning center and handouts to inform children about their Indian culture and alcohol abuse and healthy behavior through the "Sacredness of Life" concept. The results will be that the children will have a positive image of Indian/Alaska Native elders and an understanding of the negative effects of alcohol abuse and the positive effects of healthy behavior.

ACTIVE GRANTS
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HEALTH PROMOTION/HEALTH EDUCATION
Information Dissemination/Public Education

90AM0099
National Council on the Aging
National Voluntary Organizations for Independent Living
600 Maryland Avenue, S.W., West Wing 100
Washington, DC 20024
Wellness Year Round Involving Voluntary Organizations in Health
Lorraine Lidoff,
(202) 479-1200

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
09/30/84 - 09/30/87	$ 136,929	$ 0	$ 25,946

Records ABSTRACT
231 The overall purpose of this grant has been to involve national voluntary organizations (NVO's) and their affiliates in expanding upon and institutionalizing health promotion activities in community group settings serving older persons. The project builds upon the existing commitment and resources of NVO's with current or potential interests in health and/or group programs for older adults. Project products are focused on establishing a process within community senior groups which brings the resources and expertise of local affiliates to bear on health programming for older people in a more coordinated manner. In addition, the process will expand NVO's level of effort vis-a-vis promoting older people's health and ultimately improve the skills of older persons to better maintain health and manage chronic conditions that impact on their well-being and independence.

ACTIVE GRANTS
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PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0147
Cornell University
NYS College of Human Ecology
123 Day Hall, P.O. Box DM
Ithaca, NY 32801
Integrated Housing Options Education Campaign
Patricia B. Pollak, Ph.D.
(607) 255-2579

	FY 1984	FY 1985	FY 1986
09/30/86 - 08/31/87	$ 0	$ 200,000	$ 0

Record# ABSTRACT
179 Project will implement a model housing options education campaign. Volunteer housing counselors from the private sector will be trained and audio, visual and print materials will be developed. County based cooperative extension associations and offices for the aging will sponsor consumer oriented housing options education programs in 12 counties across the State.

HOUSING/LIVING ARRANGEMENTS
Demonstration

90AM0161
East Bronx Council on Aging
2096 Starling Avenue
Bronx, NY 10462
Comprehensive Housing Options & Entitlements for the Elderly
Susan Fearon-Giannoni,
(212) 409-00[illegible]

	FY 1984	FY 1985	FY 1986
09/15/85 - 0[illegible]/14/87	$ 0	$ 85,000	$ 0

Record# ABSTRACT
184 Project will develop a comprehensive community-wide housing resource center to provide information, advocacy services housing entitlements and direct assistance to elderly persons making decisions about housing options. A shared housing program will also be established, including a joint ownership program to match three seniors in three bedroom co-op apartments.

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                        ACTIVE GRANTS
          Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984       FY 1985       FY 1986
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HOUSING/LIVING ARRANGEMENTS
 Demonstration

90AM0172
 Florida Department of Health and Rehabilitation Services
 Aging and Adult Services Program Office
 1321 Winewood Boulevard
 Tallahassee, FL  32301
  Improving Design and Location of Housing Environments for Elderly
Nancy Landry,
(904) 488-2650
06/30/86 - 11/29/87                     $ 0           $ 0           $ 133,885
Record#  ABSTRACT
     20  The project focuses on the public debate over design, cost and
         location of  housing for the elderly in Florida, using a marketing
         approach to promote the interest of major social institutions
         representing the building trades.  Products include rankings of
         environmental design improvements, cost estimates, market analysis
         of 1,000 elderly respondents, scale models and architectural
         drawings, a film visualizing environmental barriers, and a housing
         conference.  The project emphasizes innovative involvement of the
         private sector.
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HOUSING/LIVING ARRANGEMENTS
 Demonstration

90AM0183
 Patrick H. Hare Planning and Design
 1246 Monroe Street, N.E.
 Washington, DC  20017
  In-Depth Development of Seminars on Partnerships to Install Accessory
  Apartments
Margaret Haske,
(202) 269-9334
07/15/86 - 01/14/88                     $ 0           $ 0           $ 31,100
Record#  ABSTRACT
     19  This project will show private industry how they can profitably
         help homeowners install accessory apartments.  Partnerships of real
         estate agents, home remodelers and savings and loan officers will
         be developed in three separate locations through conferences and
         meetings.  The project will organize the conferences and train the
         individuals in marketing and counseling homeowners through small
         group workshops.  A seminar package will be developed to develop
         private sector partnerships to market accessory apartments.
         Several seminars will be held to test the concept and refine the
         materials.  The grantee will work with national organizations and
         develop news articles to promote the concept.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING: FY 1984, FY 1985, FY 1986

HOUSING/LIVING ARRANGEMENTS
Research

90AJ2010
National Indian Council on Aging
P.O. Box 2088
Albuquerque, NM 87103
Promotion of Housing Alternatives and Living Arrangements
Curtis Cook,
(505) 242-9505

PROJECT	FY 1984	FY 1985	FY 1986
09/01/86 - 11/30/87	$ 0	$ 0	$ 100,000

Record# ABSTRACT

84 Project will examine the condition of housing used by elderly Indians on four reservations and will identify "best practice" in development of housing for the elderly. In addition to the survey and best practice manual, NICOA will attempt to implement a strategy on housing alternatives.

HOUSING/LIVING ARRANGEMENTS
Research

90AR0071
The Urban Institute
2100 M Street, N.W.
Washington, DC 20037
The Elderly in 2010: Housing Needs and Policy Options
Raymond Struyk, Ph.D.
(202) 857-8539

PROJECT	FY 1984	FY 1985	FY 1986
08/01/85 - 07/31/86	$ 0	$ 109,860	$ 119,049

Record# ABSTRACT

23 This project will research the housing needs of the elderly to the year 2010 using microsimulation as a tool to forecast a profile of the elderly with special reference to demographic and economic factors that determine housing needs. Three products will be generated: 1) a household level file of elderly households as of the year 2010; 2) specification of the housing circumstances of the elderly in 2010; and 3) estimation of the probable changes in these outcomes under several different policy scenarios.

ACTIVE GRANTS
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PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
HOUSING/LIVING ARRANGEMENTS Training 90AM0175 Cornell University N.Y.S. College of Human Ecology 123 Day Hall, P.O. Box DH Ithaca, NY 14853 Removing Regulatory Barriers to Housing Options for the Elderly Patricia B. Pollak, Ph.D. (607) 255-2579 06/30/86 - 11/29/87	$ 0	$ 0	$ 128,692

Record# ABSTRACT

18 The project will develop a public policy education program focusing on regulatory barriers to the development of community based housing options for the elderly. The goal is to educate local municipal officials and professional planners about the community housing needs of an aging society, the barriers which local land use and zoning regulations pose on housing innovation, and the means by which local regulations can be modified or amended to facilitate these options. Project will produce a guide to land use and zoning for housing options and will conduct 8 local government training workshops.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

INFORMAL CAREGIVING
Demonstration

90AM0243
Vermont Department of Health
Medical Services Division
1193 North Avenue, P.O. Box 70
Burlington, VT 05402
Neighbor to Neighbor: A Program for Healthy Aging Through Education and Community Support
Majorie Hamrell,
(802) 863-7330

09/01/86 - 01/31/88	$ 0	$ 0	$ 144,698

Record# ABSTRACT

15 Purpose of project is to provide a program for the healthy aging through education and community support with a neighbor-to-neighbor approach; target population will include Vermont's frail elderly. Project will utilize community education and support services to encourage both families and elder peers to assist dependent older relatives and neighbors. Will create a statewide community of support by developing caregivers support groups and by establishing peer-to-peer care systems. Both will be assisted by a statewide educational program (media and community forums). Expected outcomes include 1) a reduction in prematurally dependency or disability, and 2) a relief for providers and institutions from the burden of caring for those who need care primarily as a result of isolation and lack of support.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0222
Good Samaritan Hospital and Medical Center
Education and Family Support Services
1015 N.W. 22nd Avenue
Portland, OR 97210
Caregiver Education and Outreach Project for Families for the Frail
Bobby Heagerty,
(503) 229-7348

09/01/86 - 01/31/88	$ 0	$ 0	$ 149,056

Record# ABSTRACT

70 The project will overcome barriers to services for families of the at-risk elderly by implementing educational and outreach programs on caregiving. It will: 1) establish a Caregivers' Training Center; 2) implement an educational campaign in the workplace; 3) establish 20 support groups Statewide; 4) extend a caregiver training program into rural areas; 5) produce videotapes on legal/financial planning and on peer counseling; 6) develop a guide on hiring in-home help; 7) develop an information kit for distribution by physicians and hospitals; 8) develop a series of factsheets on coping with increased frailty.

ACTIVE GRANTS
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PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0224
University of the District of Columbia
Institute of Gerontology
1100 Harvard Street, N.W., Room 114
Washington, DC 20009
An Interfaith Caregiver Dissemination Program
Clavin Fields,
(202) 727-2778

09/01/86 - 01/31/88	$ 0	$ 0	$ 147,675

Record# ABSTRACT

72 The project will be conducted by the Institute of Gerontology at UDC in collaboration with the Interfaith Conference of Metropolitan Washington. Its purpose is to disseminate information to help informal caregivers care for impaired older persons. Dissemination will be accomplished via religious institutions, reaching 3,000 older, caregiving members of 100 congregations of varying faiths within metropolitan Washington, DC. Training programs will be implemented and mutual help groups established to increase: caregivers' access to community resources; capacity of congregation members to exchange respite services, support and companionship; knowledge about caregiving; involvement of caregivers in community activities that enhance the independence of frail elders. The final product will be a manual detailing how to implement this program in other parts of the country.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0225
The Catholic University of America
National Catholic School of Social Service
620 Michigan Avenue, N.E.
Washington, DC 20064
Innovative Approaches to Dissemination of Caregiver Information Through Ethnic and Religious Groups
David Guttmann, Ph.D.
(202) 635-5464

09/01/86 - 01/31/88	$ 0	$ 0	$ 112,640

Record# ABSTRACT

71 The project is a collaborative effort of Catholic University's Center on Aging, its National Catholic School of Social Service, and the American Jewish Committee's Institute on Human Relations to provide essential information to caregivers of the home-bound and frail elderly. It targets ethnic/religious elderly caregivers not previously reached. Information dissemination in 25 planned educational forums in Washington, DC and Chicago, Illinois will strengthen their capacity for self-help. Videotapes and written materials will be adapted to needs of caregivers from many different ethnic/religious backgrounds.

ACTIVE GRANTS
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PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0227
University of South Florida
Suncoast Gerontology Center
12901 North 30th Street, Box 50
Tampa, FL 33612
Developing and Disseminating Caregiver Know-How
Eric Pfeiffer, M.D.
(813) 974-4355
09/30/86 - 02/29/88 $ 0 $ 0 $ 124,951
Record# ABSTRACT

94 The project is a two-pronged approach to the development and dissemination of caregiver know-how in a large metropolitan area. It is a collaborative effort between a long-term care gerontology center, two AAAs and a commercial TV station designed to improve the ability of family caregivers to provide care. The first program element is a series of monthly public forums to provide practical information to caregivers. For each forum presentation a succinct pamphlet will be produced and distributed. The second program element is a "Caregiver" segment on a weekly commercial television show, "The Time of Your Life." The "Caregiver" segment will deal with 12 topics addressing specific aspects of the caregiver task. It is anticipated that through these efforts caregiver know-how will be increased, both locally and on a much more widespread basis.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0231
University of Missouri - Kansas City
Center on Aging Studies
2220 Holmes Street
Kansas City, MO 64110
Volunteer Information Program to Assist Rural Caregivers
Burton Halpert, Ph.D.
(816) 276-1751
09/01/86 - 01/31/88 $ 0 $ 0 $ 149,881
Record# ABSTRACT

96 A "Rural Volunteer Information Provider Program," an FY '84AoA project conducted in Missouri, will be replicated in ten states to meet the informational needs of rural caregivers of frail and impaired elderly. As in Missouri, the objectives forthe ten states will be to reduce caregiver strain and improve quality of care. Members from 4 major organizations in each state (National Extension Homemaker's Council, Cooperative Extension Service, State Units on Aging, and Area Agencies on Aging)will be teamed together on state and county levels and trained as trainers to enable local personnel (Volunteer Information Providers) to assist caregivers in ten rural demonstration counties. The State training teams will then disseminate the demonstration results and products throughout each of the ten States.

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0236
Minnesota Department of Human Services
4th Floor, Centennial Office Building
St. Paul, MN 55155
Caregivers Need Care Too
Suzanne Glass,
(612) 297-1216

09/30/86 - 09/29/87	$ 0	$ 0	$ 82,642

Record# ABSTRACT
91 The project proposes to replicate and create for franchising a statewide public education program for caregivers called "Caregivers Need Care Too!" This program was developed and implemented in Minnesota last year. It consists of a coordinated media campaign utilizing television, radio and cable systems, followed by printed materials (a series of brochures, posters, bumper stickers, and a workbook for caregivers). A referral system is an integral part of the campaign so that caregivers will have contact with a professional who can provide further information or services. The expected project outcomes include: Maine, Oregon and Missouri will have implemented a coordinated media campaign with training component to reach significant numbers of friends, family and neighbors of ill and elderly citizens; and a complete package of media tools and training guides which can be used by any other state or organization in a massive public education of caregivers.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0237
University of Nevada-Reno
Geriatric and Gerontology Center
MacKay Science Building, Room 315
Reno, NV 89557
The Role of Seniors as Consultants to Caregivers of the Disabled Elderly
Betty Dodson, MS,Eds
(702) 786-7200

09/01/86 - 01/31/88	$ 0	$ 0	$ 149,040

Record# ABSTRACT
100 This Statewide project is designed to demonstrate that senior volunteers, trained as resource consultants, can effectively improve the home-based care of frail/disabled older persons by using an individualized approach to providing information to caregivers. The volunteer consultants will visit families in their homes in rural and urban communities and Indian reservations to: identify needs; provide information; facilitate referrals; help determine solutions to specific problems and evaluate their implementation. Specific products will include: health education materials, culturally adapted for Native Americans; information on home-based management of special problems; and a Caregiver Needs Assessment Inventory.

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PROJECT                                  AoA FUNDING
                                         FY 1984       FY 1985       FY 1986
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0238
 Synod of Southern California and Hawaii
 Asian Human Care Centers
 1501 Wilshire Boulevard
 Los Angeles, CA  90017
  Senior Empowerment Project
Carol Iu, Ph.D.
(213) 483-3840
09/01/86 - 01/31/88                      $ 0           $ 0           $ 124,511
Record#  ABSTRACT
     99  The project is a collaborative effort between the Asian Human Care
         Centers and community agencies to address the problem of service
         information deprivation among Asian elderly and their caregivers.
         A self-help, self-development approach will be used.
         Bilingual/bicultural volunteers will be trained to organize
         information linkages in their communities.  Information on housing,
         health care, income security, self-help, "telephone family" support
         systems, and in-home services will be developed with emphasis on
         the needs of Asian immigrants and refugees.  Products will include
         a filmstrip, a study guide, fact sheets, and brochures in English
         and seven Asian languages/dialects.  The project should help the
         Asian Elderly to live a more participatory and dignified life in
         society and their community and help to sensitize and mobilize
         social service agencies to reach out to and serve this community.
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0241
 Savannah State College
 Department of Social Work/Applied Sociology
 Savannah, GA  31404
  Information Dissemination and Training for Older Caregivers
Ella Hammond Sims,
(912) 356-2340
09/01/86 - 01/31/88                      $ 0           $ 0           $ 108,551
Record#  ABSTRACT
     80  The purpose of the project is to significantly improve the lives of
         dependent elderly identified in each of ten rural churches in three
         costal Georgia counties.  It will link agencies which serve the
         elderly--and information about them--to a core of volunteer
         individuals in each church, to family caregivers and to dependent
         elderly themselves.  Plans include training and providing elder
         care service information to identified caregivers which will focus
         on:  linking elder care services to identified caregivers; blood
         pressure screening certification and nutritional training;  and
         home health training and certification.  Expected outcomes include:
         1) Agency Service and Information Dissemination/Caregiver's Manual;
         2) Blood Pressure Screening (BPS); Certification and Church-based
         BPS with a Nutritional Training component; 3) Home Health Care
         Training and Certification; and 4) Agency Service and Rural
         Assessment
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ACTIVE GRANTS
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PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
INFORMAL CAREGIVING Information Dissemination/Public Education 90AM0242 Consumers Union of the United States Institute for Consumer Policy Research 256 Washington Street Mt. Vernon, NY 10553 Comprehensive Education on Elderly Caregiving Jean Halloran, (914) 667-9400 09/30/86 - 09/30/87	$ 0	$ 0	$ 112,025

Record# ABSTRACT

98 The project will increase the understanding of the practical and emotional issues of caregiving, mainly through the conduct of five educational forums in the five boroughs of New York City. Aimed primarily at social service agencies (and secondarily at caregivers), the project will expand the capacity of agencies able to disseminate information and respond to caregiver needs. The main products will be a 15-20 minute documentary film/video on the emotional aspects of caregiving and a written resource guide with materials and information relevant to the metropolitan New York area.

PROJECT	FY 1984	FY 1985	FY 1986
INFORMAL CAREGIVING Information Dissemination/Public Education 90AM0244 Western Kentucky University College of Education and Behavioral Science College Heights Bowling Green, KY 42101 Utilizing Technology and a Volunteer Network for Statewide Dissemination of Information to Caregivers Lois Layne, Ph.D. (502) 745-4414 09/01/86 - 12/31/87	$ 0	$ 0	$ 150,000

Record# ABSTRACT

101 This project will make use of technological advances and a Statewide network of volunteers for the purpose of addressing critical information and training needs of families, neighbors, and friends in caring for older persons who are frail or impaired. Caregivers in remote rural areas will have the same training opportunities as those near the university training center--will be able to receive information in their own homes and interact with a trainer by telephone. Home video cassettes will be combined with Statewide individual access to a teleconference "bridge" (which will be coordinated by the volunteer network). The objective is to develop a model system to deliver quality training in a manner which is interactive, non-threatening, flexible, and cost-effective. Five to seven videotape programs will be produced. The taped programs and delivery system will be tested and evaluated; and the products and processes disseminated to agencies that work with caregivers.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING: FY 1984 | FY 1985 | FY 1986

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0246
Metro Dade County Elderly Services Division
111 N.W. First Street
Miami, FL 33138
Bilingual Television Series for Caregivers in English and Spanish
Howard Russell,
(305) 375-5335
09/30/86 - 02/28/88 — $ 0 | $ 0 | $ 136,866

Record# ABSTRACT

97 A twelve part television series for caregivers of the elderly will be produced and broadcast in English and Spanish versions to approximately 2.7 million potential viewers in Southeast Florida. The series, focusing on elderly caregivers of the elderly, will also be available in video cassettes for distribution to community groups, hospitals, libraries, businesses, and individuals in their homes. Elderly volunteers will lead discussions, counsel caregivers and generate public support for the series. These programs will circumvent the problems associated with support group attendance, e.g., transportation and respite care, by disseminating information in the caregivers' homes and other frequented sites. With basic topics such as "personal care," "utilizing community resources" and "stress management," the expected outcome is a large audience of older persons more informed as caregivers and better able to maintain frail elders at home.

INFORMAL CAREGIVING
Information Dissemination/Public Education

90AM0248
Center for Creative Living Corporation
3501 S.W. "F" Avenue
Lawton, OK 73505
Care for Caregivers Project
Julie May,
(405) 248-0471
09/30/86 - 02/28/88 — $ 0 | $ 0 | $ 30,000

Record# ABSTRACT

102 In collaboration with the Association of South Central Oklahoma Governments Area Agency on Aging, this project will provide a comprehensive information and support system for elderly family caregivers, promoting and protecting their physical and mental health and helping to sustain in-home care for the frail elderly as long as possible. The Center will: coordinate Red Cross home nursing courses for caregivers; recruit respite workers; train respite workers; maintian a respite worker registry and placement service; provide home visits to homebound caregivers and their patients; conduct support group meeting (and simultaneous recreational meetings for ambulatory patients); utilize paid, part-time, low-income elderly and elderly from a volunteer corps as respite workers; and publish and mail a monthly, local newsletter on caregiving.

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                           ACTIVE GRANTS
             Under Title IV of the Older Americans Act

PROJECT                              AoA FUNDING
                                     FY 1984       FY 1985       FY 1986
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AM0252
 Grossmont District Hospital
 Task Force on Aging
 P.O. Box 158
 La Mesa, CA  92041
  Jerontology Training for Families: The Caregiver Education and Training
  Project
Nancy Bryant, LCSW
(619) 465-0711
09/30/86 - 02/28/88                  $ 0           $ 0           $ 31,512
Record#  ABSTRACT
     79  The project is designed to impart specific nursing, psychosocial
         and community knowledge and skills to caregivers, particularly
         those who are also older adults, who will be caring for a family
         member in the home.  Teaching manuals and instructional videotapes
         will be developed.  It is anticipated that there will be positive
         results in the following areas:  1) an improved caregiving
         experience, physically and emotionally, for both caregivers and
         recipients of care; 2) increased utilization of appropriate
         community-based long term care services; 3) increased knowledge
         regarding the process of caregiving; 4) reduced utilization of
         acute care hospital resources with a resultant cost savings; and 5)
         the development and marketing of videotapes and teaching guides for
         use in expanding caregiver education and training services
         throughout the country.
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INFORMAL CAREGIVING
 Information Dissemination/Public Education

90AT0309
 Connecticut State Department on Aging
 Research and Program Development Division
 175 Main Street
 Hartford, CT  06106
  A Model Dissemination Program for an Information Network System for
  Caregivers
Alice Gilbert,
(203) 566-7728
09/01/86 - 10/31/87                  $ 0           $ 0           $ 118,197
Record#  ABSTRACT
     25  Will develop a Statewide system to disseminate information to older
         caregivers of frail/impaired elderly, which will serve as model for
         other States.  Result will be a cooperative network of formal and
         informal support systems, linking volunteers in religious groups,
         education/support group leaders, social service providers, and
         caregivers.  Goals are:  to stimulate outreach and educational
         programs for caregivers; improve knowledge of providers and clergy;
         and relieve older caregivers by mobilizing community resources
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

INFORMAL CAREGIVING
Research

90AM0221
University of Utah
Graduate School of Social Work
114 Social Work Building
Salt Lake City, UT 84112
Coping Skills and Family Training for Spouse Caregivers
Amanda Barusch, PH.D.
(801) 581-4554

	FY 1984	FY 1985	FY 1986
09/01/86 - 01/31/88	$ 0	$ 0	$ 111,340

Record# ABSTRACT

14 Project will provide an intervention package to assist caregivers in managing the burden and stress of caring for their spouses. Objectives include testing coping skills and providing family training to spouse caregivers. Project will test four intervention approaches to determine the most potent method for reducing caregiver strain. It will service spouse caregivers of the elderly who are identified by physicians as being at risk of intitutionalization. Approaches to be tested include involvement of family members, the primary caregiver, and an explicit focus on coping strategies for problem management as well as techniques employed by existing programs.

INFORMAL CAREGIVING
Research

90AM0230
University of Arizona
Long Term Care Gerontology Center
1807 East Elm Street
Tuscon, AZ 85719
Neighborhood-Based Caregiver Networks
Ted Koff, Ed.D.
(602) 626-4854

	FY 1984	FY 1985	FY 1986
09/01/86 - 01/31/88	$ 0	$ 0	$ 125,000

Record# ABSTRACT

93 This project will develop a model program to sustain neighborhood caregiver education/support groups as a means for ongoing information dissemination. The project integrates the most positive aspects of earlier group development efforts, including 1) techniques for the gradual transfer of leadership to the group's participants; 2) variation of meeting content according to group needs; 3) respite care; 4) a "grass roots neighborhood approach, 5) "booster workshops" to promote continued participant enthusiasm, and 6) an intergroup information sharing network. The project will incorporate a quasi-experimental test of alternative approaches to extending group longevity.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING: FY 1984 | FY 1985 | FY 1986

INFORMAL CAREGIVING
Research

90AM0233
Hebrew Rehabilitation Center for the Aging
Department of Social Gerontological Research
1200 Centre Street
Boston, MA 02131
Stimulating Volunteerism in Housing for the Elderly
Claire Guthin, Ph.D.
(617) 325-8000
09/01/86 - 12/31/87 $ 0 $ 0 $ 145,492
Record# ABSTRACT
92 This project aims to show how, without adding costly formal service programs, volunteers in housing for the elderly can be identified and encouraged to provide needed assistance to their neighbors in various areas of daily living. The study has three components. The first involves a questionnaire survey of all tenants in participating buildings. (An estimated 40-50 buildings will participate with 4000-6000 tenants.) The second is the introduction of a demonstration to encourage tenant volunteers to help their neighbors. The third phase is the evaluation component, involving interviews with "helpers and a repeat of the initial survey. Results of the projectmay prove useful to improving the utilization and increasingthe number of people who are willing to act as volunteerhelpers to assist vulnerable fellow housing residents toremain in the community.

INFORMAL CAREGIVING
Training

90AM0223
West Virginia University
Gerontology Center
Suite 12, Chestnut Ridge Professional Building
Morgantown, WV 26506
Development of Long-Term Training for Family and Other Caregivers of Elderly Suffering from Alzheimer's Disease and Related Disorders
Barbara L. Knight, MSS
(304) 293-2081
08/01/86 - 12/31/87 $ 0 $ 0 $ 65,475
Record# ABSTRACT
4 This project will establish a system for Statewide continuing training of in-home caregiver skills for families, friends, and volunteers caring for elderly who suffer from memory impairment, Alzheimer's Disease, and related disorders. Training will be conducted through three one-day workshops in each of nine regions covered by the State's Area Agencies on Aging (AAAs). The AAAs will help to recruit caregivers to receive the training and will also be instructed to carry on the training program after Federal funding support ends. The training program will be evaluated, and the project's materials and procedures disseminated to other rural States.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
INSTITUTIONAL LONG TERM CARE Training			
90AT0168 North Texas State University Center for Studies in Aging P.O. Box 13438 NT Station Denton, TX 76203 Program/Faculty Development in Minority Gerontology Programs Cora Martin, Ph.D. (817) 565-2765 09/01/85 - 08/31/87	$ 0	$ 40,000	$ 0

Record# ABSTRACT

204 This project will provide faculty and institutional development assistance to a consortium of Historically Black Colleges and Universities and other institutions with significant minority enrollment. A multidisciplinary team will make site visits and conduct workshops at selected institutions.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING FY 1984 | FY 1985 | FY 1986

LEGAL SERVICES
Demonstration

90AM0170
American Bar Association
Commission on Legal Problems of the Elderly
1800 M Street, N.W.
Washington, DC 20036
Enhancing Decision-Making Autonomy of Adults and Older Persons
Nancy Coleman, Esq.
(202) 331-2297
08/30/86 - 11/29/87 — $ 0 | $ 0 | $ 151,470

Record# ABSTRACT

148 The decision-making autonomy of adults and older persons will be enhanced through an education and counseling project focusing on (A) the scope of personal decision-making authority, particularly in regard to health care, (B) the use of pre-planning legal tools such as durable powers of attorney and living wills to enhance autonomy, and (C) attitudes affecting the exercise of autonomy. This project will (1) produce an educational/documentary video portraying older persons who have successfully struggled to retain their autonomy in the face of incapacity, (2) publish a presenter's guide for the video, (3) publish a pamphlet on decision-making rights, pre-planning and the use of appropriate legal tools, (4) conduct a statewide demonstration project using attorneys to present the video and provide information and counseling at 12 sites in Maryland, and (5) promote national dissemination.

LEGAL SERVICES
Demonstration

90AM0201
American Association of Retired Persons
Legal Counsel for the Elderly
P.O. Box 19269-GPCD
Washington, DC 20036
National Legal Assistance Support Project
Insook Copes,
(202) 728-4561
08/01/86 - 07/31/87 — $ 0 | $ 0 | $ 150,000

Record# ABSTRACT

120 The project will train 640 lawyers, paralegals, volunteers and AAAs in elderly law and advocacy from 18 States. For 20 agencies recruit volunteers and provide technical assistance for those planning to establish or improve programs that use volunteer paralegals to oversee/administer financial and protective services to incapable older people. Case consultation, legal advice, written materials and legislation on protective services and an abstracted bibliography including unpublished legal materials w be developed. The free local/AARP inter-library loan program be used to disseminate some materials. Products include mate on protective services and volunteers.

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                              ACTIVE GRANTS
                  Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984       FY 1985       FY 1986
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LEGAL SERVICES
 Demonstration

90AM0211
 Florida Department of Health and Rehabilitative Services,
 Aging and Community Services Unit
 1317 Winewood Boulevard
 Tallahassee, FL  32301
  Pro Bono Legal Assistance to the Elderly
Margaret Lynn Duggar,
(904) 488-2881
08/01/86 - 07/31/87                     $ 0           $ 0           $ 81,637
Record#  ABSTRACT
     76  The Florida State Department of Health and Rehabilitative Services,
         Aging and Community Services Unit will demonstrate the economic
         benefits of using retired attorneys and legal secretaries to avoid
         litigation and reduce court dockets by assisting elderly to address
         legal questions before they become crises.  Efforts of the American
         Society of Retired Attorneys, AARP, the Tallahassee and Ft. Myers
         AAAs will be consolidated to use retired attorneys and legal
         secretaries.  A coordinator will organize efforts by working with
         senior center staff and local judges to provide alternatives to
         court dispositions for older people.  A manual which details
         project set up and operation will be produced.
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LEGAL SERVICES
 Demonstration

90AM0228
 Western North Carolina Legal Services, Inc.
 134 W. Main Street
 P.O. Box 426
 Sylva, NC  28779
  Community Legal Education and Training
Perry Eury,
(704) 586-8931
08/01/86 - 12/31/87                     $ 0           $ 0           $ 26,000
Record#  ABSTRACT
     44  Western North Carolina Legal Services, Inc. will assist the elderly
         to maintain essential legal documents by training 150 volunteers to
         help low-income elderly compile, interpret and understand essential
         legal documents and important papers.  Community legal education,
         radio spots, news articles, pamphlets and group presentations will
         complement volunteer efforts.  Project activities will be focused
         on developing a training manual for volunteers; a VIP (Very
         Important Papers) Envelope with accompanying explanatory
         information; a "Survivors Checklist" of ess necessary papers and
         take other appropriate legal actions after an older person dies;
         and a list of local resources for legal information available to
         older people.  Volunteers will assist older people to understand
         and use the VIP Envelope and Survivor's Checklist.
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                          ACTIVE GRANTS
              Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984        FY 1985        FY 1986
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LEGAL SERVICES
 Demonstration

90AM0232
 Legal Aid of Western Missouri
 Kansas City Office
 1005 Grand Avenue, Suite 800
 Kansas City, MO  64106
  Volunteer Protective Services for the Frail Elderly
JoAnn Raphael,
(816) 474-6750
08/01/86 - 12/31/87                    $ 0            $ 0            $ 92,743
Record#  ABSTRACT
     74  Legal Aid of Western Missouri will collaborate with Jewish Family &
         Children Services to provide legal services that will:  1) allow
         declining and frail low-income elderly to remain in their homes; 2)
         provided institutionalized elders guardians; and 3) serve as
         liaison to clients, agencies, Probate Court, Public Guardian.
         Also, project activities will be designed to divert cases from
         Probate Court and provide case management by recruiting training
         and supporting volunteers.  Volunteer lawyers will conduct legal
         work and supervise lay volunteers.
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LEGAL SERVICES
 Demonstration

90AM0234
 Legal Assistance of North Dakota, Inc.
 1025 Third Street, North
 Box 1893
 Bismarck, ND  58502
  Senior Legal Hotline
Linda Catalano,
(701) 222-2110
08/01/86 - 12/31/87                    $ 0            $ 0            $ 51,100
Record#  ABSTRACT
     45  Legal Assistance of North Dakota will establish a "Senior Legal
         Hotline" to serve rural low-income and disabled elderly.  Legal
         counsel, information on benefits programs and legal rights will be
         provided.  Calls will be screened and as appropriate referred to
         other legal services programs, State Bar Lawyer Referral and pro
         bono panels and appropriate agencies.  Information on Statewide
         sources of referral will be computerized and the software  package
         or disk made available to others wishing to replicate the system.
         An extensive publicity campaign will be conducted using radio,
         television, newspapers, posters and the coordinated efforts of
         community groups.
=============================================================================
                         ACTIVE GRANTS
            Under Title IV of the Older Americans Act

PROJECT                                   AoA FUNDING
                                          FY 1984        FY 1985        FY 1986
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LEGAL SERVICES
 Demonstration

90AM0235
 National Bar Association
 1225 - 11th Street, N.W.
 Washington, DC  20001
  Black Elderly Legal Assistance Support Project
John Crump,
(202) 842-3900
08/01/86 - 07/31/87                        $ 0            $ 0            $ 100,000
Record#  ABSTRACT
    123  The National Bar Association proposes to enter into cooperative
         agreements with State and Area Agencies on Aging.  These agreements
         will establish the basis of an organized system for delivery of pro
         bono legal services to rural Black elderly people.  The pilot
         demonstration will be conducted in rural Alabama.  Most frequently
         requested areas of help, procedures for and resources to meet need
         will be identified and catalogued.  SUA/AAAs, NBA chapters and
         other Black professional and community organizations will be
         enlisted to improve delivery of legal services to poor, Black
         elderly by assisting in efforts to recruit volunteer attorneys.
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LEGAL SERVICES
 Demonstration

90AM0239
 Legal Center for the Elderly and Disabled
 530 Sercut Drive, Suite G
 Sacramento, CA  95814
  Home Delivered Legal Services
Jonathan Ellison,
(916) 446-4851
09/01/86 - 08/31/87                        $ 0            $ 0            $ 44,817
Record#  ABSTRACT
     75  The Legal Center for the Elderly and Disabled will demonstrate the
         provision of free legal assistance to homebound, disabled and
         institutionalized older people.  Assistance will be given to
         individuals who need to complete applications for government
         benefits or resolve other legal problems.  Services will be
         provided at the residences of the homebound and taken to those
         vulnerable and isolated and institutionalized elderly residing in
         five low-income target areas of Sacramento County.
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                      ACTIVE GRANTS
          Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984       FY 1985       FY 1986
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LEGAL SERVICES
 Demonstration

90AM0240
 The Pension Rights Center
 1701 K Street, N.W., Suite 305
 Washington, DC  20006
  National Pension Assistance Project
Karen Ferguson,
(202) 296-3778
09/15/86 - 09/14/87                    $ 0           $ 0           $ 81,376
Record#  ABSTRACT
     122  The project will encourage private bar committees to provide older
          people legal services in the pension area.  By working with
          national and state and local bar associations, the project will
          develop a national network of lawyers willing to take pro bono and
          fee pension cases.  The legal Outreach Program will focus on
          expanding the number of lawyers available to represent pension plan
          participants by working with American Bar Association Committees to
          accept pro bono cases and with state and local bar referral
          services to develop panels of pension lawyers willing to accept
          pension cases for a fee.  A model seminar on pension law will be
          developed and the American Law Institute will be encouraged to
          sponsor a course for lawyers who represent pension participants.  A
          "Directory of Pension Assistance Resources," will be compiled.  The
          Information and Referral Service component will screen requests for
          individual assistance, conducting investigations and legal research
          and preparing analyses of meritorious cases.  Where appropriate and
          upon completion of legal groundwork, cases will be referred to
          private attorneys, legal services offices, or government agencies.
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LEGAL SERVICES
 Demonstration

90AM0251
 Legal Aid Society of Orange County
 Senior Citizens Legal Advocacy
 902 N. Main Street
 Santa Ana, CA  92701
  Legal Services Outreach to the Elderly
Robert J. Cohen,
(714) 835-8808
09/01/86 - 08/31/87                    $ 0           $ 0           $ 35,000
Record#  ABSTRACT
      73  The Legal Aid Society of Orange county will coordinate with a
          community hospital and a home health agency to provide legal
          services to the frail elderly through the social services staffs of
          each.  Medical social workers and home health staffs will be
          trained to identify legal problems and refer older people to proper
          sources of help.  Products include curriculum for an In-Service
          Teaching Model, program protocols, forms; and to promote
          replication, an analysis of the demonstration.
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                         ACTIVE GRANTS
             Under Title IV of the Older Americans Act

PROJECT                                   AoA FUNDING
                                          FY 1984      FY 1985      FY 1986
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LEGAL SERVICES
 Demonstration

90AM0254
 Legal Services for the Elderly, Inc.
 One Amherst Street
 Augusta, ME  04330
  Rural Elderly Legal Assistance Program
Neville Woodruff,
(207) 289-2565
09/30/86 - 09/29/87                       $ 0          $ 0          $ 32,314
Record#  ABSTRACT
    121  Legal Services for the Elderly, Inc. will demonstrate the effective
         delivery of legal assistance to socially and economically
         disadvantaged rural older people by establishing a circuit route
         and assigning riders in rural northern and eastern Maine.  Services
         will be delivered by an attorney and paralegal, making regular
         visits to a 5 county area.  SUA/AAA will recruit volunteers to
         perform basic intake screening; media campaign will inform older
         people of available services; and a model outreach and service
         delivery strategy will be produced.
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LEGAL SERVICES
 Technical Assistance

90AM0202
 Center for Social Gerontology
 117 First Street, Suite 204
 Ann Arbor, MI  48104
  National Exchange of Practice Legal Support System
Penelope Hommel,
(313) 665-1126
08/01/86 - 07/31/87                       $ 0          $ 0          $ 114,970
Record#  ABSTRACT
     77  The project will establish a national system to exchange
         information on how to implement, administer and evaluate legal
         delivery systems for older people. The system will improve
         cooperation among the aging and legal services networks.  On
         selected issues, information will be compiled, analyzed and
         disseminated monthly and quarterly.  An exchange-of-practice
         seminar will be convened, and T.A. will be provided.  Products
         include 12 mailings, written T.A. materials, an information
         newsletter and the national seminar mentioned above.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

LEGAL SERVICES
Technical Assistance

90AM0212
National Senior Citizens Law Center
2025 M Street, N.W., Suite 400
Washington, DC 20036
Substantive Evaluation Support
Burton Fretz,
(202) 887-5280

08/01/86 - 07/31/87	$ 0	$ 0	$ 150,000

Record# ABSTRACT

125 The project will make available to the Aging network information and other materials necessary for the delivery of legal services to older people. Technical assistance will be provided in areas such as Medicare, Medicaid, Social Security, Supplemental Security Income (SSI), pensions, including older women's pensions and financial health issues, nursing home law, age discrimination, guardianship/conservatorship rights and alternatives, and alternatives to institutionalization. Technical assistance will also be provided regarding rights, duties, and procedures for delivery of legal services under the Older Americans Act. Through a subgrant to the National Clearinghouse for Legal Services, computer assisted legal research will be made available to AoA network programs involved in the delivery of legal services. Also, NSCLC will respond to telephone and written requests for assistance from providers of legal services regarding evaluations of their legal services delivery efforts or capacity. NSCLC's handbook on legal services evaluation will serve as the primary resource tool for providing this assistance.

LEGAL SERVICES
Technical Assistance

90AM0213
American Bar Association
Commission on Legal Problems of the Elderly
760 North Lake Shore Drive
Chicago, IL 60611
Legal Assistance and Counseling for the Elderly
Judith O'Connor,
(202) 331-2297

08/01/86 - 07/31/87	$ 0	$ 0	$ 150,000

Record# ABSTRACT

78 The American Bar Association Commission on Legal Problems of the Elderly will transfer knowledge about private bar innvolvement with the aging and legal networks between attorneys and the aging network by developing a series of packages on 1) private bar association committees on the elderly; 2) how SUAs/AAAs can approach private bars; 3) development of pro bono and reduced fee assistance for older people; 4) private bar involvement in lifetime planning for the elderly; and 5) a media package on community legal education for the elderly.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
LEGAL SERVICES Technical Assistance			
90AM0250 National Association of State Units on Aging 600 Maryland Avenue, S.W., Suite 208 Washington, DC 20024 Protecting Institutionalized Elderly's Legal Rights Sara Aravanis, (202) 484-7182 09/01/86 - 01/31/88	$ 0	$ 0	$ 213,721

Record# ABSTRACT

124 The National Association of State Units on Aging proposes to insure the institutionalized elderly's Federal, State and local legal rights by increasing State long term care ombudsman program capacity to protect them. This project will 1) facilitate interstate technology transfer of program policies and practices; 2) identify and disseminate effective legal service delivery methods; 3) enhance States capacity to train substate ombudsman program staff and volunteers; and 4) facilitate collaborative efforts between SUA/AAAs and C/MHCs.

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                         ACTIVE GRANTS
              Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984        FY 1985        FY 1986
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MANAGEMENT OF AGING PROGRAMS
 Demonstration

90OJ1033
 National Executive Service Corps
 622 Third Avenue, 32nd Floor
 New York, NY  10017
  Retired Volunteer Services Brokerage Project
George W. Wallace,
(212) 867-5010
09/01/85 - 01/31/87                    $ 0            $ 40,000        $ 0
Record#  ABSTRACT
     212  The National Executive Service Corps proposes to develop and test a
          model for brokering the services of retired executives and
          professionals to help solve human service organizations management
          problems.  It will be developed in conjunction with the Private
          Sector Resource Center of Brooklyn, New York which will act as the
          community-based broker.  The project will develop and test
          strategies, procedures and instruments required to establish and
          operate a brokerage service including a training package to educate
          retired senior executive volunteers.
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MANAGEMENT OF AGING PROGRAMS
 Demonstration

90PD0104
 Florida Department of Health and Rehabilitative Services
 Aging and Adult Services Program Office
 1321 Winewood Boulevard
 Tallahassee, FL  32301
  Unified Administrative System for a Continuing Care Community
Margaret L. Duggar,
(904) 488-2881
05/01/85 - 10/31/88                    $ 0            $ 28,771        $ 275,145
Record#  ABSTRACT
     152  The project seeks to develop a unified administrative system for a
          continuing care community suitable for replication throughout the
          State.  The project's objectives are to:  (a) foster cross-agency
          case management; (b) remove currently existing gaps in services by
          waiving selected Federal and State eligibility requirements, and
          (c) implement a community-based administrative system that supports
          integrated service delivery in an effective manner.  The project
          will operate in two demonstration sites--a rural community in
          Dowling Park, Advent Christian Village, of lead agency
          responsibility for services to the elderly, public/private agency
          configurations, agency locations and scope of services provided.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

PREPARATION FOR AGING
Demonstration

90AJ2004
East Arkansas Area Agency on Aging
Community-Based Care
P.O. Box 5035
Jonesboro, AR 72401
Life Care Planning for Retired Elderly Parents of Developmental Disabled Children
Becky Thompson,
(501) 972-5980

06/28/85 - 06/27/88	$ 0	$ 43,000	$ 43,000

Record# ABSTRACT

223 Working with Focus, Inc. (serving the developmentally disabled), the project will identify target families and conduct assessments yielding parents' present level of planning and identifying unmet needs for life care planning for dependents. The project will offer options for developing life care plans from the materials and services provided by a volunteer financial and legal group. Training for both the aging and the developmental disabilities networks will be conducted. It will investigate intergenerational living arrangements in northeast Arkansas, develop a comprehensive resource directory, produce a videotape record of parents' concerns, and compile a manual describing financial and legal options.

PREPARATION FOR AGING
Demonstration

90AM0134
Holyoke Chicopee Regional Senior Services Corp.
198-210 High Street
Holyoke, MA 01040
Cooperative Home Care
Priscilla Chalmers,
(413) 538-9020

06/28/85 - 06/27/87	$ 0	$ 35,455	$ 64,545

Record# ABSTRACT

222 The project will provide a coordinated single entry system of health and social service delivery to needy elders. Utilizing all third party payment sources, i.e., Medicare, Medicaid, Massachusetts State Home Care, in conjunction with participant resources, the program strives to maintain elder independence by providing a myriad of options to institutional care. Centralized case management is at the core of the program assuring an appropriate care package and coordinating service delivery. The program not only addresses the needs of the low income elder, but also those elders of moderate means. By sharing in the development and cost of their service package, such persons will be able to maintain a state of independence and well-being without rapid depletion of their assets.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING: FY 1984 FY 1985 FY 1986

PREPARATION FOR AGING
Demonstration

90AM0146
United Seniors Consumer Cooperative
1334 G Street, N.W., Suite 500
Washington, DC 20005
Independent Living Program
James Firman,
(202) 393-6222
06/28/85 - 06/27/88 $ 0 $ 134,827 $ 129,164
Record# ABSTRACT
213 The project will develop and demonstrate an innovative life services planning program to help "at risk" older persons to avoid unnecessary institutionalization. Services will include financial planning, home equity conversion, group purchasing, consumer information, professional counseling and volunteer peer advocacy.

PREPARATION FOR AGING
Demonstration

90AM0152
Huntington Memorial Hospital
Senior Care Network
10 Congress Street
Pasadena, CA 91105
Develop and Test a Life Services Planning Model
Monika White, Ph.D.
(818) 356-3110
06/28/85 - 06/27/87 $ 0 $ 127,858 $ 156,544
Record# ABSTRACT
226 Project will help persons 1) anticipate situations that could result in loss of independence and; 2) take steps to preserve independence in the event those situations should occur. Focus of the model will be in the role of the individual and private sector legal and financial resources in preventing unnecessary loss of independence.

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                        ACTIVE GRANTS
          Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984        FY 1985        FY 1986
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PREPARATION FOR AGING
 Demonstration

90AM0154
 ALTA MED Medical Services
 Indiana Senior Care Center
 512 South Indiana Street
 Los Angeles, CA  90063
  The Linkages Program: Natural Networks for Life Services Plans Through
  Community Organization
Juli Solis, Ph.D.
(213) 263-0466
06/28/85 - 06/27/88                    $ 0            $ 175,000      $ 175,000
Record#  ABSTRACT
    228  Project will organize and strengthen community-based care for the
         frail and "at risk" elderly in order to reduce reliance on formal,
         government funded services for activities of daily living.  Project
         will assist community organizations in development of volunteer
         programs and fund raising; develop life service plans for 70
         clients; involve families, neighbors and graduate students in
         training programs.
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PREPARATION FOR AGING
 Demonstration

90AM0173
 SAVANT, Inc.
 849-L Quince Orchard Boulevard
 Gaithersburg, MD  20878
  Design of Innovative Service Delivery Models to Meet the Future Needs of
  the Suburban Elderly
Alan F. Ackman,
(301) 330-1515
07/01/86 - 11/30/87                    $ 0            $ 0            $ 145,000
Record#  ABSTRACT
     36  Project will develop models for packaging and financing services
         needed by suburban elderly.  It has three phases:  1) identify
         future needs of the suburban elderly using functional impairment
         forecasting techniques; 2) develop and demonstrate model in-home
         and congregate service package in Kansas City, MO suburb; and 3)
         disseminate service benefit package as a HMO-like supplement to
         health insurance coverage for elderly.  The outcome desired is a
         model for serving the needs of suburban elderly coupled with an
         effective approach for organizing community providers to offer
         social services benefits under HMO-like financing.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

PREPARATION FOR AGING
Demonstration

90AM0179
Thiel College
Center for Lifelong Learning
College Avenue
Greenville, PA 16125
Retirement Planning for Adults in Their Thirties, Forties, and Fifties
Stanford Stenson, Ed.D.
(412) 588-3308

06/30/86 - 06/29/88	$ 0	$ 0	$ 128,034

Record# ABSTRACT

82 This project will test pre-retirement training models for adults in the thirty-to-fifty-year-old group and will disseminate the models statewide and nationally. The site for initial testing in workshops for selected target populations will be the Pittsburgh metropolitan area. Among the elements to be tested are the effects of volunteer peer training, age cohort interactions, workshop settings and schedules, and communications models which bridge socio-economic categories. In the second year, additional testing will be done on a statewide basis, and dissemination networks will be established, tested, and used for the distribution of project findings and a workbook on methods and models for service providers.

PREPARATION FOR AGING
Demonstration

90AM0182
New Jersey Department of Community Affairs
Division on Aging
263 West State Street, CN 807
Trenton, NJ 08625
Model Program to Assist Selected Groups in Mid-Life to Understand Aging
Ronald Muzyk,
(609) 292-3766

06/30/86 - 06/29/88	$ 0	$ 0	$ 41,759

Record# ABSTRACT

148 This project will develop four training modules, health, leisure time, financial planning and general aging for persons in mid-life in order to assist them in understanding the aging process and how to plan for their own later life. It will be demonstrated in work settings to a diverse group of employees. Evaluation will be in two parts, at the conclusion of the session and six months later to observe the impact of the program. Project objectives are: 1) to develop training materials that will assist persons in mid-life to plan for later life; 2) to field test the materials at selected sites; 3) to evaluate the results of the training materials and its impact upon the participants. The program will be designed for use nationwide and for diverse groups.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

PREPARATION FOR AGING
Demonstration

90AM0184
Long Island University
Southampton Campus
Southampton, NY 11968
Pre-Retirement Planning for Mid-Life Women
Christopher Hayes, Ph.D.
(516) 283-4019

	FY 1984	FY 1985	FY 1986
06/30/86 - 06/29/88	$ 0	$ 0	$ 121,457

Record# ABSTRACT

147 In collaboration with the National Council on Aging, the project will identify the planning needs of women and will develop, test, and disseminate models to encourage realistic planning and to develop the skills necessary to prepare for an independent, secure old age. The project will develop: 1) written synthesis of all relevant research on women, aging, and pre-retirement planning; 2) a research and education-for-aging workshop program for women and a 150-200 page workshop manual; 3) Material for mid-life women will be tested in 16 sites in the Washington, New York and Baltimore areas and extensive evaluation will be conducted; 4) the workshop manual will be printed and widely disseminated.

PREPARATION FOR AGING
Demonstration

90AM0219
University of Delaware
Department of Individual & Family Studies
Rextrew House, 321 South College Avenue
Newark, DE 19716
Interactive Planning for Family Futures
Barbara Settles, Ph.D.
(302) 451-2934

	FY 1984	FY 1985	FY 1986
08/01/86 - 07/31/88	$ 0	$ 0	$ 150,000

Record# ABSTRACT

81 This project addresses the need for self funding personal and family futures through appropriate lifestyle planning during the mid-life decades. Four approaches based on one conceptual framework will be tested across Delaware with samples from three age groups in urban and rural settings. Each approach will yield a major product: 1) Manual and materials for group and individual sessions for peer counseling training; 2) Videotext for use by videotext information services and electronic mail systems; 3) Videotape for business training programs and home use; and 4) Interactive computer simulation for personal computer in the home or workplace. Existing research on current perceptions of aging and lifecourse transitions by the targeted groups will also be synthesized.

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                        ACTIVE GRANTS
            Under Title IV of the Older Americans Act

PROJECT                               AoA FUNDING
                                      FY 1984      FY 1985      FY 1986
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PREPARATION FOR AGING
 Demonstration

900J1035
 American Bar Association
 Commission on Mentally Disabled & Legal Problems of Elderly
 1800 M Street, N.W.
 Washington, DC  20036
  Life Service Plans for the Elderly and Developmentally Disabled
Debbie Zuckerman, MS
(202) 331-2282
06/28/85 - 06/30/87                   $ 0          $ 40,000          $ 50,000
Record#  ABSTRACT
    233  The ABA Commissions on the Mentally Disabled and Legal Problems of
         the Elderly in conjunction with Legal Services of Northern Virginia
         will establish a three-part program for the elderly and DD
         populations:  1) training package that explains the financial,
         estate planning and alternative supervisory arrangements to support
         clients in the community; 2) train 20 volunteers;  3) encourage
         other communities to develop similar programs.
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PREPARATION FOR AGING
 Information Dissemination/Public Education

90AM0218
 Metropolitan Community College
 Office of the Vice Chancellor, Educational Services
 3200 Broadway
 Kansas City, MO  04111
  LIFEPLAN: Educating Middle Aged Adults on the Need for Long Range_Planning
Wayne Giles, Ph.D.
(816) 756-0220
08/01/86 - 07/31/88                   $ 0          $ 0          $ 191,790
Record#  ABSTRACT
    149  This project will educate the general public toward a positive
         perception of America's elderly, and teach middle aged citizens the
         skills of lifetime planning so as to assure retirement years which
         are independent and productive.  Lifeplan will:  1) Significantly
         influence the general public toward a positive perception of people
         over 65; 2) Motivate middle aged citizens to begin personal
         planning for their retirement years; 3) Emphasize the need for
         individual responsibility for self reliance; and 4) Provide expert
         opinions by creditable professionals in the fields of financial,
         physical, and mental health.  The project will:  A) Produce and air
         48 thirty-minute video modules, and 48 public service video and
         radio announcements; B) Each quarter provide a major Lifeplan
         seminar in finance,physical and mental health; C) Conduct on-site
         Lifeplan seminars for employees of area businesses; D) Provide
         ongoing continuing education opportunities; E) Package the
         curriculums of Lifeplan in generic print and video materials, and
         F) Efficiently disseminate Lifeplan throughout the country
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                              ACTIVE GRANTS
                Under Title IV of the Older Americans Act

PROJECT                                  AoA FUNDING
                                         FY 1984       FY 1985        FY 1986
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PREPARATION FOR AGING
 Research

90AM0220
 Southwestern Ohio Seniors Services, Inc.
 11100 Springfield Pike
 Springdale, OH  45246
  Strategic Plan for Service Delivery in the Suburbs
William Ciferri,
(513) 782-2400
09/01/86 - 01/31/88                      $ 0           $ 0            $ 113,812
Record#  ABSTRACT
     46  Purpose of project is to develop a strategic plan for service
         delivery in the suburbs.  Project will measure the future needs
         and resources of the older population, opportunities and threats in
         the environment, the strengths and weaknesses of the present
         service delivery system for older people, and propose strategies
         for the future.  This will be accomplished by analyzing 1980 U.S.
         Census Data, secondary analysis of a 1980 needs assessment of
         suburban communities, collecting and analyzing data on the
         resources of the older population, conducting a gap analysis and
         formulating a strategy for the future.  Expected outcome will be a
         major plan that specifies a broad course of action for Area
         Agencies on Aging to follow in the future.  Equally important, six
         derivative plans will reflect the diversity of suburbs since the
         suburbs selected as model have distinct political structures,
         populations, service networks and tax bases.
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PREPARATION FOR AGING
 Research

90AR0073
 Mississippi State University
 Social Science Research Center
 Miss. State, MS  39762
 Ethnic Patterns of Adaptation to Aging and Effective Functioning in
Eunice McCulloch, Ph.D.
(601) 325-7797
09/30/85 - 11/30/87                      $ 0           $ 185,889      $ 0
Record#  ABSTRACT
    196  This study investigates ethnic differences in modes of adaptation
         to aging emphasizing social and psychological factors and health
         and nutrition practices contributing to greater independence and
         effective functioning in later years.  The three groups studied
         include:  Whites of the Appalachian Region, Delta Blacks, and
         Choctaw Indians of Mississippi.  The study will contribute to
         general theoretical and applied knowledge in social gerontology.
         It will also benefit cooperating State Agencies by identifying
         strategies for assisting the aged of all groups.
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                              ACTIVE GRANTS
                Under Title IV of the Older Americans Act

PROJECT                                   AoA FUNDING
                                          FY 1984      FY 1985      FY 1986
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PREPARATION FOR AGING
 Research

90AR0076
 U.S. Conference of Mayors
 1620 Eye Street, N.W.
 Washington, DC  20006
  Community Planning to Promote Independent Living for Suburban Elderly
Larry McNickle,
(202) 293-7330
07/01/86 - 08/31/87                       $ 0          $ 0          $ 149,998
Record#  ABSTRACT
     17  This project will increase the awareness and capacity of city and
         county elected officials, planners and other local officials to
         help develop policies, planning techniques and service delivery
         systems which will assist older suburban residents with independent
         living.  Project will produce a report, "Graying of Suburbia:
         Implications for Local Officials."  Two workshops for local
         officials and the aging network will be conducted.
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PREPARATION FOR AGING
 Training

90AM0176
 University of Southern California
 Andrus Gerontology Center
 University Park  MC-0191
 Los Angeles, CA  90089
  Education and Training to Prepare Key Social Institutions to Meet the
  Needs of an Aging Society - Focus on Corporations and Labor
Helen Dennis, MA
(213) 743-5156
07/01/86 - 09/30/87                       $ 0          $ 0          $ 146,867
Record#  ABSTRACT
    150  This project is a State model for educating management and labor to
         increase employment and retention opportunities for older workers.
         Objectives are to (1) increase knowledge and skills of corporate
         managers to make decisions that will encourage employment and
         retention of older workers; (2) identify opportunities for older
         workers by creating a plan for policy and programmatic changes
         within corporations; (3) increase awareness of decision makers
         regarding the impact of an aging society; and (4) provide
         educational materials about older workers to local unions.  A
         nationally tested management training program on aging will be
         presented by the project director and subsequently by 20 corporate
         trainers to 500 managers from 20 leading California corporations.
         Managers will participate in writing a manual identifying corporate
         changes that will increase use of older workers.  The program,
         evaluation results and manual will be disseminated at a seminar for
         decision makers.  Also, five state-of-the-art fact sheets on aging,
         written specifically for labor, will be disseminated to 200 local
         California unions.
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                          ACTIVE GRANTS
              Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984       FY 1985       FY 1986
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PROTECTIVE SERVICES
 Demonstration

90AM0153
 Center for the Public Interest
 1800 North Highland, Suite 719
 Los Angeles, CA  90028
  Guardianship-Conservatorship and Institutionalization Diversion
Albert D. Buford, III
(213) 464-0357
06/28/85 - 06/27/88                     $ 0           $ 200,000         $ 200,000
Record#  ABSTRACT
    214  Project will design and pilot a guardianship diversion program to
         serve frail elderly.  It will offer an alternative to the present
         system in which problem clients or clients in need of sustained
         protective involvement are institutionalized or placed under court
         public or private guardianship.

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PROTECTIVE SERVICES
 Demonstration

90AM0174
 Michigan Office of Services to the Aging
 P.O. Box 30026
 Lansing, MI  48909
  Improving the Quality of Guardianship Programs
Mary James,
(517) 373-8563
06/01/86 - 05/31/88                     $ 0           $ 0           $ 60,140
Record#  ABSTRACT
     12  Project will develop comprehensive standards to ensure the quality
         of guardianship services for older persons in need and disseminate
         the standards for State-wide use.  Technical assistance will be
         provided to develop model guardianship programs in selected
         Michigan communities.  Products - to be shared extensively with
         other States - will include best practice guidelines, a brochure
         for guardians, and a model set of standards for guardianship
         services.

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                               ACTIVE GRANTS
                 Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984      FY 1985      FY 1986
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SUPPORTIVE SERVICES
 Demonstration

03AM0217
 Philadelphia Corporation for Aging
 111 North Broad Street
 Philadelphia, PA  19107
  Post-Hospital Community Care Project
David M. Eisenberg, Ph.D.
(215) 496-0520
06/01/86 - 05/31/88                     $ 0          $ 0          $ 107,644
Record#  ABSTRACT
      68 The Post-Hospital Community Care Project will provide short-term
         home care up to six weeks for 400 elderly people being discharged
         from acute-care hospitals.  It will develop a cost-effective model
         of non-medical supportive services to promote health recovery and
         independence as well as a system of co-payment for services, the
         cost being shared by clients, hospitals, and third party payors.
         It is structured as a partnership between AAA, hospitals and
         community service agencies.  It will develop a replicable model of
         service delivery.
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SUPPORTIVE SERVICES
 Demonstration

04AM0283
 First Tennessee Development District
 Area Agency on Aging
 207 N. Boone Street, Suite 800
 Johnson City, TN  37601
  Community-wide Case Management Program
Pat Brown,
(615) 928-0224
09/30/86 - 09/29/88                     $ 0          $ 0          $ 50,000
Record#  ABSTRACT
      66 This project proposes four systems changes to make a case
         management program self supporting.  The project's Policy Council
         will be expanded to include service-provider members paying annual
         membership fees.  It incorporates a reversed SHMO model with
         providers paying for service.  It employs a client assessment and
         identification process to ensure that the most needy have a prior
         claim on services.  Finally, it makes greater and more effective
         use of the informal support system.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

SUPPORTIVE SERVICES
Demonstration

06AG0318
Arkansas Department of Human Services
Division of Aging and Adult Services
Suite 1428, Donaghey Building
Little Rock, AR 72201
Project 2000: Long-Term Care in Arkansas
Herb Sanderson,
(501) 371-2441

08/01/86 - 07/31/88	$ 0	$ 0	$ 242,022

Record# ABSTRACT
62 Directed by the Arkansas SUA, with commitments from major public and private agencies, this project is aimed at producing significant systems change in the planning and utilization of long term care services. It encompasses private sector development of residential care facilities, feasibility studies on LTC insurance and S/HMOs, and volunteer-led local coalitions as key participants in the development and implementation of long term care systems.

SUPPORTIVE SERVICES
Demonstration

90AM0158
National Association of Area Agencies on Aging
600 Maryland Avenue, S.W.
Washington, DC 20024
Adult Day Health Services as an Employee Benefit
Pamela Larsen,
(202) 484-7520

08/01/85 - 07/31/87	$ 0	$ 122,680	$ 127,920

Record# ABSTRACT
165 This project is expanding the supports available to workers who are caring for their dependent elderly family members. The project will demonstrate the feasibility and cost effectiveness of offering employee benefits that support workers who are the primary caregivcers for dependent elderly family members. NAAAA, Wang Laboratories and Elder Services of Merrimack Valley are attempting to demonstrate the viability of offering adult day care as an employee benefit. The project is exploring the circumstances under which workers withdraw from employment because of caregiving conflicts. A final product will be employer-education workshops based on results of 1) exploratory study of worker/caregiver stresses, 2) nationwide survey of the prevalence of worker-caregivers in the labor force; 3) provision of day care services; and 4) analysis of relevant employment policies and tax laws.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
SUPPORTIVE SERVICES Research			
90AR0105 National Research Council Transportation Research Board 2101 Constitution Avenue, N.W. Washington, DC 20418 Study on Improving Safety and Mobility for Older Persons Stephen R. Godwin, (202) 334-3255 09/30/86 - 06/30/88	$ 0	$ 0	$ 25,000

Record# ABSTRACT

24 This project seeks to improve the safety and mobility of older people in traffic. The work will be carried out by an expert committee assembled by the Transportation Research Board. The project will collect the best available research materials and traffic statistics dealing with the traffic experiences of older persons. It will seek to identify the most beneficial actions to improve the traffic safety of older persons and recommend ways to implement them. The end result will be changes in highway and vehicle design, improvements in roads and changes in administrative practices. The information will be gathered through a series of commissioned papers and released in a final report.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
USE OF THE ELDERLY AS RESOURCES Demonstration			
90AM0177 Florida International University Southeast Florida Center on Aging Bay Vista Campus North Miami, FL 33181 Florida Elderly Volunteer Service Credit Project Edgar S. Cahn, (305) 940-5550 07/01/86 - 09/30/87	$ 0	$ 0	$ 35,000

Record# ABSTRACT

47 The purpose of this project is to provide assistance in the implementation of Florida's service credit program which will enable elderly volunteers to earn credit while providing respite care and other services to the elderly. They will be able to draw upon these credits when they need such services. The project will assist in recruitment and training of volunteers, develop management systems and procedures including a computerized record keeping system which will be used to evaluate the program. Products will include training materials and programs for use by community groups across the State.

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                              ACTIVE GRANTS
                Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984       FY 1985       FY 1986
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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

06AG0317
 University of Oklahoma
 College of Medicine
 P.O. Box 26901
 Oklahoma City, OK  73190
  Continuing Medical Education for Physician Assistants
Dan P. Fox, P.A.
(405) 271-2047
08/01/86 - 07/31/87                     $ 0           $ 0           $ 27,237
Record#  ABSTRACT
    142  This project will develop and offer a continuing medical education
         program for physicians' assistants on the care of the elderly
         patient.  Project is designed to assess the needs of Physician
         Assistants (PA), deliver care to the elderly, and to analyze the
         impact of the training on the PA's knowledge, skills and behaviors.
          Products will include an audio cassette of the presentations.
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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

90AT0152
 North Carolina Central University
 Public Administration Program
 P.O. Box 19552
 Durham, NC  27707
  Multidisciplinary Career Training in Gerontology for Minorities
Clarence Brown, Ph.D.
(919) 683-6240
09/30/85 - 02/28/87                     $ 0           $ 99,753      $ 0
Record#  ABSTRACT
    203  This project will establish the first State-supported
         multidisciplinary program in gerontology for minority students at
         an HBCU in North Carolina with a strong emphasis in public
         administration, devise a model curriculum for other HBCUs and place
         students in internships.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0175
InterAmerican University of Puerto Rico
San German Campus
G.P.O. Box 3255
San Juan, PR 00936
Minority Training and Development in Gerontology
Vidal Velez, Ph.D.
(809) 763-9622

09/01/85 - 02/28/87	$ 0	$ 42,385	$ 0

Record# ABSTRACT

219 The project will implement a multidisciplinary program of gerontological training for professionals and undergraduate students at the San German Campus in southwestern Puerto Rico. The objective is to increase the preparation of a minimum of 60 professionals who will deliver gerontological services in Puerto Rico. The project has been designed as a model for the development of a gerontology training program to improve competencies of undergraduates and professionals to serve the Hispanic elderly. Outcomes of the project will be the establishment of a gerontology program on campus, preparation and dissemination of related materials, and an improvement in the deliverance of professional care to the aging.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0181
Maryland Office on Aging
301 Preston Street
Baltimore, MD 21201
Statewide Development of Interdisciplinary Aging Content in Health Professional Training
Donna C. Folkemer,
(301) 225-1270

07/01/86 - 11/30/87	$ 0	$ 0	$ 188,444

Record# ABSTRACT

7 This project supports training and faculty development activities of the University of Maryland at Baltimore's Area Health Education Center. They will develop and conduct a five day 30 hour interdisciplinary introductory geriatric training course for 25 graduate and upperclass students in medicine, nursing, dentistry, dental hygiene, pharmacy and social work for students enrolled in the University. It will support three off-campus clinical training sites at a senior center, a non-profit ambulatory health center, and a Veterans Administration medical center for students and faculty. It will develop an interdisciplinary geriatric curriculum and offer technical assistance to faculty in 15 academic institutions in the State. A telephone survey of health professional academic training programs will be conducted to determine the status of geriatric education in the State.

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0182
Syracuse University
All-University Gerontology Center
Brockway Hall
Syracuse, NY 13244
Instruction Design for Retailers and Industrial Designers: Sensitizing the Marketplace to Gerontology
Neal Bellos, Ph.D.
(315) 423-4693

07/01/86 - 11/30/87	$ 0	$ 0	$ 126,275

Record# ABSTRACT

143 The project will develop, test and disseminate educational materials to be used in the professional academic training of retailers and industrial designers. It is important that suoh professionals involved in scientific and technological applications have knowledge of gerontology to create better products which incorporate the needs and preferences of older consumers. The project objectives are: 1) to design, produce, field test, evaluate and revise instructional modules for the industrial design and retailing academic programs; and 2) to design a State and national approach for dissemination and adoption of the program materials. The instructional modules will be designed for use in the classroom or independent learning situations.

CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0183
University of Illinois at Chicago
School of Public Health
2121 West Taylor Street
Chicago, IL 60612
Development of a Joint Masters Degree Program in Public Health and Business Administration.
Jacob A. Brody, M.D.
(312) 996-6620

07/01/86 - 11/30/87	$ 0	$ 0	$ 147,121

Record# ABSTRACT

8 This project will develop a joint master's degree program in Public Health and Business Administration with a specialization in gerontology. It will introduce aging content into existing courses offered by Master's degree programs in Public Health (MPH) and Business Administration (MBA). Graduates will be prepared for management of organizations providing health care for the elderly. An on-campus faculty development seminar will be held during the grant period. Two off-campus workshops for 25 faculty and institutional personnel directors will be held outside the Chicago Metropolitan area. Full stipend support will be given to [illegible] students.

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PROJECT                               AoA FUNDING
                                      FY 1984      FY 1985      FY 1986
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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

90AT0193
 Trustees of Columbia University School of Public Health
 600 W. 168th Street
 New York, NY  10032
  Gerontology Training for Long Term Care of the Elderly:  MPH LTC ADM.
Ruth Bennett, Ph.D.
(212) 781-0600
07/01/86 - 11/30/87                   $ 0          $ 0          $ 116,842
Record#  ABSTRACT
      41  The project will develop and implement a program leading to a
          Master's degree in Public Health in LTC Administration.  Curricula
          development, program promotion and student recruitment will result
          in students prepared for LTC administrative positions.  Other
          outcomes include a model curriculum, a practicum manual and a
          student handbook.
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CAREER PREPARATION FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

90AT0194
 University of South Florida
 International Exchange Center on Gerontology
 P.O. Box 3208
 Tampa, FL  33620
  Academic Training in Aging for Florida Educators
Halaine-Sherin Briggs, Ph.D.
(813) 974-2833
07/01/86 - 11/30/87                   $ 0          $ 0          $ 125,000
Record#  ABSTRACT
     107  The project, Academic Training in Aging for Florida Educators, is
          to serve as a model for integrating aging education into the
          teacher training curricula.  Objectives are based on performance of
          300 students (Group A) after completing 21 hours in aging education
          in the Project, (ATAFE), at the University of South Florida College
          of Education.  Students will be introduced to information on aging,
          methods of integrating aging into specific content areas, and
          effective use of older school volunteers in 2 required courses
          The project will determine impact of the project through use of an
          experimental and control group.  Change in knowledge will be
          evaluated through employing the Palmore Facts on Aging Quiz.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Information Dissemination/Public Education

90AJ2011
University of Missouri
5100 Rockhill Road
Kansas City, MO 64110
Approach to the Service Needs of the Developmentally Disabled Elderly
Phyllis Kultgen, Ph.D.
(816) 474-7770

	FY 1984	FY 1985	FY 1986
09/01/86 - 08/31/87	$ 0	$ 0	$ 66,708

Record# ABSTRACT

104 This project is designed to disseminate materials developed through a prior grant. The materials are designed to accomplish the following: 1) Provide caseworkers and other professionals with information regarding the special problems of older persons with disabilities; and 2) Provide proven techniques on how to pair developmentally disabled elders with non-handicapped older persons to pursue normal activities.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

01AJ0046
University of Massachusetts
School of Nursing
Boston Harbor Campus-Science Building
Boston, MA 02125
Improving Elder Care In Nursing Homes
Dolores A. Miller,
(617) 929-7095

	FY 1984	FY 1985	FY 1986
09/30/86 - 02/29/88	$ 0	$ 0	$ 166,592

Record# ABSTRACT

139 This project will influence nursing education toward creation of an excellent long-term care environment for nursing home residents through an education program developed by the Massachusetts School of Nursing and the Massachusetts Long-Term Care Foundation. Outcome expected include: 1) 30-40 students participation, 2) new curriculum for dissemination, and 3) program information for dissemination to nursing homes.

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                           ACTIVE GRANTS
               Under Title IV of the Older Americans Act

PROJECT                               AoA FUNDING
                                      FY 1984      FY 1985      FY 1986
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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

03AT0228
 Temple University
 Institute on Aging
 1601 North Broad Street
 Philadelphia, PA  19122
  Statewide Continuing Education and Training for Professionals in
  Pennsylvania Hospitals, Nursing Homes, etc.
Evan Sorber, Ed.D.
(215) 787-6970
08/01/86 - 12/31/87                   $ 0          $ 0          $ 191,656
Record#  ABSTRACT
     140  This project will increase the knowledge and skills of
          professionals from hospitals, nursing homes and personal care
          facilities through short-term training in gerontology/geriatrics,
          clinical practice, in-service training, health care services
          administration, and developing linkages between and among
          caregivers and community-based services.  Specific syllabi will be
          developed and workshops to cover subject matter.  The project will
          produce a curriculum guide training manual and three monographs on
          caring for the elderly.
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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

06AG0316
 New Mexico State University
 The Institute for Gerontological Res/Ed. 3TG
 Las Cruces, NM   88003
  Continuing Education for Paraprofessionals and Managers in the New Mexico
  Aging Network
Stephanie Fallcreek, Ph.D.
(505) 646-3426
08/01/86 - 01/01/88                   $ 0          $ 0          $ 158,569
Record#  ABSTRACT
     138  This project will provide continuing education for home health
          agency managers and supervisors and health care paraprofessionals
          in physiological and phychological processes of aging, caregiving
          skills and health promotion/maintenance techniques.  Training
          sessions on special topics will be delivered in four PSAs in the
          State.
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                              ACTIVE GRANTS
                 Under Title IV of the Older Americans Act

PROJECT                                  AoA FUNDING
                                         FY 1984        FY 1985        FY 1986
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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

08AM0038
 Weber State College
 Utah State Department of Area Agencies
 3750 Harrison Boulevard
 Ogden, UT  84408
  Statewide Short-Term Training and Continuing Education for Health Care
  Professionals and Paraprofessionals
Jerry H. Borup, Ph.D.
(801) 626-6242
09/01/86 - 01/31/88                      $ 0            $ 0            $ 79,573
Record#  ABSTRACT
    141  This project will enhance the quality of health services for older
         persons by providing continuing education to health care
         professionals and paraprofessionals.  Project personnel will
         provide Statewide training sessions, develop health care
         information in minority native language, develop three gerontology
         correspondence courses for rural service providers and develop
         training sites for course instruction.
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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

90AT0149
 New Mexico State Agency on Aging
 224 East Palace Avenue, 4th Floor
 Santa Fe, NM  87501
  As Families Grow Older
Eugene T. Varela, DSW
(505) 827-7640
08/01/85 - 03/31/87                      $ 0            $ 130,000      $ 0
Record#  ABSTRACT
    216  Project purpose is to develop and deliver training to 210 service
         providers and a minimum of 150 caregivers to promote health and
         well-being among family members, particularly the aged.  Primary
         objectives are to:  develop a continuing education model to include
         a leader's guide and a family members' handbook focusing on
         caregiving within the family unit; and to present Statewide
         continuing education on family caregiving to service providers and
         family members with older persons in the families.  The ultimate
         benefit of this project is to improve the quality of life for
         family members including elders, through increased knowledge and
         skills about aging, family communication, and health promotion in a
         minimum of 360 families Statewide.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING: FY 1984 — FY 1985 — FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0153
Virginia Commonwealth University
Virginia Center on Aging
P.O. Box 228-MCV Station
Richmond, VA 23298
A Model Gerontology Career Development Program for Institutions of Higher Education in Rural Areas
Iris Parham, Ph.D.
(804) 786-1565
07/01/85 - 05/30/87 — $ 0 — $ 98,102 — $ 0

Record# 181 ABSTRACT

This project is a cooperative effort among six institutions of higher education to develop and coordinate gerontology education in a primarily rural region of Virginia with a high proportion of minorities. The project will result in the expansion of courses and educational opportunities, faculty development, articulation of coursework and transfer of credits between institutions, and preparation of course materials focusing on service to both white and minority elderly. Ultimately, the project will lead to an increase in the number of trained service providers who will remain in the region and will be able to relate effectively to the multiracial, rural population.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0170
San Jose State University Foundation
One Washington Square
San Jose, CA 95192
Training for Services to Hispanic Elderly
Armand Sanchez, Ph.D.
(408) 277-3191
09/01/85 - 01/31/87 — $ 0 — $ 96,974 — $ 0

Record# 180 ABSTRACT

This project will provide master's level social work training in gerontology in bilingual bicultural students. The result will be personnel with competence in short-term clinical intervention and delivery of support services. The emphasis is training for serving urban Hispanic elderly and interrelated health-mental health problems. The training model proposed will 1) integrate the gerontology specialization, the task-centered method, and the life enhancement counseling model in order to build a knowledge foundation and skills for preparing trainees in mental health and aging, particularly Hispanic elderly, 2) provide simultaneous progressive field experiences in agencies serving the Hispanic elderly, 3) integrate the classroom and field experience through a seminar, 4) evaluate the training in terms of immediate knowledge and skill acquisition by trainees and long term relevance of the training for practice with Hispanic elderly.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0177
University of the Sacred Heart
P.O. Box 12383 Loiza Station
Santurce, PR 00914
Pilot Project on Gerontology
Cesar A. Rey, Ph.D.
(809) 728-1515

09/01/85 - 03/31/87	$ 0	$ 60,684	$ 0

Record# ABSTRACT

220 Project purpose is to develop on-site continuing education program to improve competencies in aging and augment resources needed to provide services to the elderly, especially older female workers. Objectives are to offer training seminars on gerontology to 18 faculty members and to develop training modules in gerontology for widespread use. Training modules will be pilot tested with 120 students to assess their effectiveness and quality in meeting project,goals. A Steering Committee will develop and evaluate the modules for gerontology training that builds a curriculum that serves the needs of professionals in health services, students, the labor movement and the elderly.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0184
Arkansas Department of Human Services
Division of Aging and Adult
Suite 1428, Donaghey Building
Little Rock, AR 72201
Short Term Training for Professionals Serving the Elderly, "Vision Loss, Hearing Loss, and Aging"
Bean Hudson,
(501) 371-2441

07/01/86 - 11/30/87	$ 0	$ 0	$ 80,498

Record# ABSTRACT

5 Develop and conduct training Statewide for personnel in community health centers and nursing homes and for emergency medical technicians. Will utilize nationally developed materials to train in aging and sensory loss; attitudes interfering with effective communication; techniques to use when providing services to the sensory deprived; and available public and private resources. Training packages will be disseminated to Arkansas field offices of the Division of Aging and Adult Services; the Division of Rehabilitation Services; and the Division for the Blind, for continuing use.

PROJECT AoA FUNDING
FY 1984 FY 1985 FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0185
Ohio University
College of Osteopathic Medicine
Grosvenor Hall
Athens, OH 45701
Gerontology Training for Care of the Elderly
Charles Cannon, D.O.
(614) 593-2260
07/01/86 - 11/30/87 $ 0 $ 0 $ 84,558

Record# ABSTRACT

182 Ohio University College of Osteopathic Medicine will prepare 25 volunteer faculty each of whom has a primary care-geriatric oriented practice, to provide instruction to students in a new curriculum to prepare for more effective care of the elderly in primary/community settings. Following faculty training, performance of students completing the required 2-week geriatric experience under the new curriculum will be compared with students having experience prior to faculty training and implementation of the new curriculum. Findings will be used to produce a training guide to assist other medical and health professions programs to develop effective geriatric-primary care training experiences.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0186
Miami University
Scripps Gerontology Center
Hoyt Hall
Oxford, OH 45056
Training to Improve Financial Services to the Elderly
Mildred M. Seltzer, Ph.D.
(513) 529-2914
07/01/86 - 11/30/87 $ 0 $ 0 $ 129,560

Record# ABSTRACT

9 This project will develop and conduct training workshops for financial service professionals counseling older adults. Five workshops will be held in different geographic regions of the State of Ohio for practicing attorneys, accountants and trust officers. Each workshop will include information on current government health and income benefit programs for the elderly as a context for private health insurance and estate planning. Workshops will include content that promotes sensitivity and understanding of the varied lifestyles of the elderly and information on community services and supports for health care, competency and guardianship of vulnerable elderly. A training manual and videotape will be developed and tested. The existing Ohio Commission on Aging, A Guide to Legal Problems of the Elderly, will be revised as a desk reference for workshop graduates. A survey data based on attitudes and practices of financial service professionals will be developed for researchers.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0191
Montana State University
Montana Hall
Bozeman, MT 59717
Nursing Approaches to Quality Care for the Elderly
Alan Goodman, Ph.D.
(406) 994-4930
07/01/86 - 11/30/87 $ 0 $ 0 $ 163,164

Record# ABSTRACT

157 Montana State University will initiate a statewide continuing education program for RNs, LPNs and aides to upgrade skills in the care of the elderly in both urban and rural areas of the State of Montana. This will be accomplished by development and presentation of a series of 10 one-day workshops at five locations in the state, and 10 self-study modules which include syllabus, study guide, appropriate audiovisual materials (including videotapes) and pre and post tests. There will be about 1250 participants in the workshops and an additional 500 individuals will receive education via self-study modules. This project will also assist RNs to successfully complete the ANA certification evaluation for Gerontological Nurse and will allow them to gain Montana Continuing Education recognition.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0192
Hospital Educational and Research Fund Development Office
15 Computer Drive West
Albany, NY 12205
Learning Modules to Educate Health Care Professionals Toward More Integrated Care of the Elderly
Cynthia Brownstein,
(518) 434-7600
07/01/86 - 11/30/87 $ 0 $ 0 $ 138,041

Record# ABSTRACT

128 This project will teach 1,100 health care professionals about the unique and special needs of elderly patients. The goal is to improve the integration and effectiveness of social services delivered to elderly patients while in the hospital and upon discharge. Three learning modules will be developed as continuing education materials to help (1) health care professionals understand the demographic changes creating new demands on their skills, (2) recognize and assess emotional and social needs of the elderly, and (3) develop linkages with available community services. Health care professionals will be better equipped to determine the most effective discharge plan as the patient returns to the community. Products include a set of videotaped learning modules, instructional materials and a user's guide.

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                                  ACTIVE GRANTS
                    Under Title IV of the Older Americans Act

PROJECT                                  AoA FUNDING
                                         FY 1984       FY 1985       FY 1986
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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

90AT0195
 Maine Department of Mental Health and Mental Retardation
 Bureau of Mental Health
 State House #4
 Augusta, ME  04333
  Statewide Mobile Psychogeriatric Consultation and Education in Boarding
  and Nursing Care Facilities
David Minen,
(207) 289-4236
07/01/86 - 11/30/87                      $ 0           $ 0           $ 136,004
Record#  ABSTRACT
    151  Two mobile psychogeriatric education and consultation teams are
         developing and presenting a comprehensive in-service training
         curriculum on the care of elderly patients with mental and organic
         brain illness to the direct service staff of 70 boarding and
         nursing care facilities in the State.  These teams will also
         provide on-site technical assistance.
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CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
 Training

90AT0196
 University of Mississippi
 School of Pharmacy
 University, MS  38677
  Post Graduate Geriatric Training for Pharmacists
Mickey Smith, Ph.D.
(601) 232-5105
09/01/86 - 12/31/87                      $ 0           $ 0           $ 87,521
Record#  ABSTRACT
    156  The project aims to enroll 800 practicing pharmacists in a
         continuing education program designed to increase trainees'
         knowledge and effectiveness in meeting the medication needs of the
         elderly.  The program includes a 22 lesson correspondence course, a
         two-hour seminar with elderly patients, and a four-hour seminar on
         marketing services to the elderly.  Two edited video recordings
         will be produced.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0198
University of Maryland at Baltimore
Department of Epidemiology and Preventive Medicine
655 West Baltimore Street
Baltimore, MD 21201
Training Social Workers and In-Home Aides to Facilitate Communication Between Physicians and the Elderly Regarding Drug Usage
Mary Sexton, Ph.D.
(301) 528-3488

07/01/86 - 11/30/87	$ 0	$ 0	$ 149,964

Record# ABSTRACT
158 This project will provide training for community-based social workers and in-home aides to assist older persons with their medications. Through training workshops in five areas of the State, use of videotapes and written materials, trainees will learn to identify drug-related problems and steps to take to assist older persons to resolve such problems. The project is a collaborative effort between the University of Maryland and the State of Maryland agencies.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0200
West Virginia Commission on Aging
Special Projects
State Capitol
Charleston, WV 25305
Mental Health and Aging-Quality Care for Older West Virginians
Earl James,
(304) 348-3317

07/01/86 - 11/30/87	$ 0	$ 0	$ 41,110

Record# ABSTRACT
159 A minimum of 225 employees of nursing homes, personal care homes, mental health centers, human service agencies and home health agencies will be trained on issues of mental health and aging. They will also be trained to provide training to others with whom they work. The project is a collaborative effort between the West Virginiqa Commission on Aging, the State Department of Health, and the West Virginia University Training Resource Center.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING
FY 1984 FY 1985 FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0301
Pennsylvania College of Optometry
Department of External Clinical Programs
1200 West Godfrey Avenue
Philadelphia, PA 19141
Statewide Short Term Training on "Vision and Aging"
Sheree J. Aston, O.D.
(215) 276-6280
09/01/86 - 11/30/87 $ 0 $ 0 $ 99,327

Record# ABSTRACT

6 Develop and conduct in-service training workshops in "Vision and Aging". Will train 100 optometrists in Optometric Gerontology and 100 long term care personnel in vision and aging who will, in turn, train 2000 other LTC professionals in the provision of services to the visually impaired. LTC personnel will include Nursing Home Administrators, Occupational Therapists, Physical Therapists, Social Workers, Nurses and others. Eight workshops to be conducted in four locations throughout the State of Pennsylvania.Products include a workshop manual for use with optometrists and another for training of LTC professionals.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0302
Kentucky Cabinet for Human Resources/Department of Social Services
Division of Aging Services
275 East Main Street
Frankfort, KY 40621
Statewide Short-Term Gerontology Training for Mental Health/Adult Protection Professionals: Developing Alzheimers Disease Support Services
Nancy Cox,
(502) 564-6930
07/01/86 - 06/30/87 $ 0 $ 0 $ 32,766

Record# ABSTRACT

160 Kentucky's State Unit on Aging, in conjunction with the Alzheimer's Disease Research Center at the University of Kentucky will develop short-term gerontology training focusing on the development of Alzheimer's Disease Support Services." The training will consist of seven two-day training programs presented in seven regions across the State. The target population to be trained will consist of mental health professionals employed Statewide by the Regional Mental Health/Mental Retardation Boards and Adult Protection Specialists employed by the State Department for Social Services. The expected outcomes will include: (1) the development of much needed family support groups and respite programs; and (2) the formation of a positive linkage between the aging and mental health networks.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0307
American Occupational Therapy Association
1383 Piccard Drive
Rockville, MD 20850
Gerontic Occupational Therapy Curriculum Development Project
Stephanie Hoover, Ed.D.
(301) 948-9626

06/01/86 - 07/31/87	$ 0	$ 0	$ 90,234

Record# ABSTRACT

106 This project will attempt to: Adapt for entry-level occupational therapy educators existing continuing education materials produced through Administration on Aging Grant #90AT00B3/01 entitled Occupational Therapy with the Elderly (ROTE); train 240 academic and clinical faculty representatives to teach selected gerontology units in entry-level occupational therapy curricula; and integrate gerontology content into 120 entry-level occupational therapy entry-level educational programs. This project will strengthen the aging services network through improved education of 3500 occupational therapy graduates per year in 120 schools located in every state where occupational therapy programs exist.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0311
University of Pennsylvania
3451 Walnut Street
Philadelphia, PA 19104
Resident Physician Training
Laurence Beck, M.D.
(215) 898-7293

08/01/86 - 12/31/87	$ 0	$ 0	$ 198,028

Record# ABSTRACT

103 This project involves the integration of geriatric medicine into the training of medical and psychiatry residents with an emphasis on interdisciplinary teams. A core of didactic sessions which address the special problems of ambulatory, hospitalized, nursing home and homebound elderly will be integrated into the existing curiculum. New clinical programs which offer practice in nursing home and home care settings as well as service as a geriatric consultant will be developed for medical residents. Psychiatric residents may attend to elderly psychiatric patients on the inpatient and out-patient geropsychiatric units.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0313
Virginia Department for the Aging
Long Term Care Unit
101 N. 14th Street, 18th Floor
Richmond, VA 23219
Promoting Effective Coordinated Discharge of Elderly Hospital Patients
William Peterson, Ph.D.
(804) 225-3140

08/01/86 - 07/31/87	$ 0	$ 0	$ 54,250

Record# ABSTRACT

30 The project's goal is to decrease the number of elderly patients readmitted due to inadequate coordination of services at the time of discharge and increase linkages between hospital discharge planners and community-based long-term care service providers. In cooperation with the National Association of State Units on Aging, the project will develop materials and conduct training sessions in five regions of Virginia for 350 hospital discharge planners. The trainer will develop the discharge planners networking skills. Products will include a resource directory on programs, funding sources and eligibility requirements, regional handbooks for patient and family use; patient pamphlets on programs such as Medicaid and Modicare; and a follow-up reporting form for use by hospital staff and community-based agencies.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0316
University of South Carolina
College of Nursing
Columbia, SC 29208
A Statewide Geriatric Nutrition Training Program for Health Professionals
V. Cass Ryan,
(803) 777-2467

08/01/86 - 10/30/87	$ 0	$ 0	$ 42,743

Record# ABSTRACT

90 This project proposes to address the need health professionals have for more information about nutrition and older adults. A variety of teaching/learning methods used include: 1) a graduate level course in geriatric nutrition taught via a television 'talk-back' format at 400 sites throughout the state; 2) self-paced learning modules on geriatric nutrition; 3) a Symposium on Geriatric Nutrition; 4) a short continuing education course in geriatric nutrition; and 5) speakers on nutrition and aging for talks with older adult organizations in the private sector. Students will present new information in their work sites and address older adult groups. All project materials will be available on request of interested agencies.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0319
Department of Human Services
Bureau of Maine's Elderly
State House, Station #11
Augusta, ME 04333
Continuing Legal Education in Elder Law
Gerard Poissonier, Esq.
(207) 289-2561

09/01/86 - 01/31/88	$ 0	$ 0	$ 21,332

Record# ABSTRACT
2 Provide six continuing education training sessions in six different areas of law which significantly impact upon the elderly. Areas to be covered will be: Nursing Home Law; Age Discrimination; Medicare/Medicaid; Guardianship and Conservatorship Law; Estate Planning for Disability and Living Wills; and Dealing with Elderly Clients. Sessions are to be recorded on audio cassette tapes and a manual prepared for each session. Tapes and manual will be reproduced for use by attorneys other than the 300 attending the original sessions. An Attorney's Desk Reference on Elder Law will also be produced. It will be updated annually. The grantee and Maine Bar Association will conduct a continuing legal education program on elder law each year.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0320
Inter American University of Puerto Rico
San German Campus
GPO Box 3255
San Juan, PR E00936
Minority Training and Development Program in Gerontology for Nursing Professionals and Paraprofessionals
Zulma Quinones,
(809) 758-0899

09/01/86 - 08/31/87	$ 0	$ 0	$ 94,800

Record# ABSTRACT
105 Inter American University of Puerto Rico will establish a pilot program to upgrade the job knowledge and skills in gerontology of nursing professionals and paraprofessionals. The methodology consists of a program of nine short-term courses and the preparation of supplementary written and audiovisual materials. The project will be implemented on the San German, Arecibo and San Juan campuses of the university, but is expected to have an impact on the care of the aging and elderly Hispanic population on the island as well as in the continental United States.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0324
Council of Better Business Bureaus Foundation
1515 Wilson Boulevard
Arlington, VA 22209
Establishing a Community Based Resource for America's Older Consumers
Charlotte Newton,
(703) 276-0100

PROJECT	FY 1984	FY 1985	FY 1986
09/30/86 - 09/30/87	$ 0	$ 0	$ 50,100

Record# ABSTRACT

144 The project focuses on (1) strengthening the resources and capacity of the Nation's 135 Better Business Bureaus to respond to the special needs and consumer problems of our older population, and (2) developing a collaborative network between the Better Business Bureaus and the State aging organizations to encourage more effective and efficient use of resources. These goals will be accomplished through conduct of a seminar, production of an older Consumer Resource Manual and Staff Trainers Guide and a videotape. The project intends to institutionalize its activities as an ongoing function of the Better Business Bureaus.

CONTINUING EDUCATION AND TRAINING FOR PROFESSIONALS AND/OR PARAPROFESSIONALS
Training

90AT0325
National Association of Retail Druggists
205 Daingerfield Road
Alexandria, VA 22314
Certificate Program in Geriatric Pharmacy
William Tyndall, Ph.D.
(703) 683-8200

PROJECT	FY 1984	FY 1985	FY 1986
09/30/86 - 09/29/87	$ 0	$ 0	$ 14,000

Record# ABSTRACT

155 The goal of the project is to adapt and expand a program previously developed by the University of Oregon under a prior AOA grant. The program, on Medication Needs of the Elderly, will be offered in formal training sessions to practicing pharmacists. By charging registration fees upon conclusion of the grant period, the project will become self-supporting.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0151
University of North Carolina at Charlotte
Psychology Department
Charlotte, NC 28223
Undergraduate Interdisciplinary Program in Gerontology
Robert Day, Ph.D.
(704) 547-2000

09/01/85 - 01/31/87	$ 0	$ 64,181	$ 0

Record# ABSTRACT
208 This grant will develop faculty expertise and experience in undergraduate teaching in gerontology and lay the foundation for an interdisciplinary undergraduate minor in gerontology. Four faculty will team-teach interdisciplinary courses; five faculty will develop gerontology topic courses in their own disciplines. Faculty development seminars will be conducted. The program will prepare students for jobs in the field of aging and will serve as a model for other schools in implementing interdisciplinary training programs in gerontology with limited resources.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0159
University of Wisconsin - Oshkosh
College of Letters and Science
Oshkosh, WI 54901
Development of a Gerontology Institute
Raymond Leinbach, Ph.D.
(414) 424-1081

09/01/85 - 12/31/86	$ 0	$ 99,469	$ 0

Record# ABSTRACT
31 This project will support development of a gerontology training institute and program at the University of Wisconsin - Oshkosh. The goal is to develop instructional resources - faculty, courses, curricula sequences, summer institute workshops - and demonstrate student and practitioner enrollment levels sufficient to secure acceptance and future funding support by the University and the State Board of Regents for establishment of a Center on Aging. Funding provides core support for a center director, a summer institute director, and coordinators for an academic credit gerontology certificate, faculty development activities, non-credit workshops, and a data resource center.

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                        ACTIVE GRANTS
           Under Title IV of the Older Americans Act

PROJECT                                AoA FUNDING
                                       FY 1984      FY 1985        FY 1986
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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
 Training

90AT0178
 The University of Texas at Arlington
 Graduate School of Social Work
 P.O. Box 19121
 Arlington, TX  76019
  Community College Training for Service Providers to Hispanic Elderly
Norma Benavidos, MS
(817) 273-3181
09/30/85 - 02/27/87                    $ 0          $ 132,278        $ 0
Record#  ABSTRACT
    202  This project will improve the quality of life for older Hispanics
         through the development and strengthening of gerontological
         training to service providers offered through community colleges in
         highly dense Hispanic areas.  After a survey of training needs a
         curriculum will be developed and implemented.
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DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
 Training

90AT0190
 Kansas State University
 Center for Aging
 Fairchild Hall
 Manhattan, KS  66506
  Brokering Aging/Gerontology Education (AGE) in Rural Community Colleges
George R. Peters, Ph.D.
(913) 532-5945
08/01/86 - 12/31/87                    $ 0          $ 0              $ 99,957
Record#  ABSTRACT
     10  This project will disseminate a statewide adult education and
         gerontology program model developed under previous AoA and
         Department of Education support involving a State university
         gerontology center.  Three State university gerontology centers in
         Nebraska, Missouri and Iowa will be given technical assistance and
         support to broker training materials and faculty development
         activities with 17 community colleges serving 66 rural counties.
         Materials produced by Kansas State University and the Western
         Kansas Community Services Consortium, including the publication,
         Developing Gerontological Curricula - A Process for Success, will
         be used to initiate adult education and gerontology activities at
         each community college and develop statewide plans for future
         collaboration.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT — AoA FUNDING
FY 1984 — FY 1985 — FY 1986

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0197
Georgia State University
Gerontology Circle
University Plaza
Atlanta, GA 30303
Aging Content in Academic Training of Ministerial Students
Barbara Payne, Ph.D.
(404) 658-2692
07/01/86 - 11/30/87 — $ 0 — $ 0 — $ 159,340

Record# ABSTRACT

51 This project will introduce behavioral science and aging content within seminary courses at 3 Georgia seminaries resulting in a certificate in gerontology in the ministry. It includes raising the awareness of the seminaries'faculties and administration to the need for aging content; planning, adapting and developing a course of study for seminarians; providing a faculty member from each seminary with gerontological training; recruiting and training 15-24 seminary students; establishing a joint certificate program with each seminary and Georgia State University's Gerontology Center; and increasing library holdings in each seminary. Outcomes include a monograph on aging and seminary education and a seminary curriculum which can be disseminated nationally.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0203
University of Southern California
Pacific Geriatric Education Center
1975 Zonal Avenue KAM 300-C
Los Angeles, CA 90033
(Brokering) Development of New Multidisciplinary Aging Health Professional Training Programs
Linda J. Davis, Ph.D.
(213) 224-7994
09/01/86 - 10/31/87 — $ 0 — $ 0 — $ 100,000

Record# ABSTRACT

34 This project will assist academic institutions in developing and strengthening multidisciplinary aging content for existing allied health professional training programs. Faculty teams selected from the Schools of Medicine and Gerontology working through the Pacific Geriatric Center will provide training, technical assistance and support to faculty and administrators of five post-secondary institutions located in California, Arizona, Nevada and Hawaii. Assistance activities will emphasize adoption and integration of existing curriculum materials into existing courses and curricula. Small faculty workshops will emphasize instructional methods, clinical site selection and use of instructional materials. A training package for future administrator/faculty workshops will be developed.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0317
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, DC 20006
Educating Academic Decision Makers on Responding to an Aging Society
John M. Cornman,
(202) 393-1411

09/01/86 - 02/28/88	$ 0	$ 0	$ 100,040

Record# ABSTRACT
33 This project will increase the awareness of higher education administrators and officials of the impact that an aging society will have on academic institutions. A series of meetings and formal presentations on emerging societal aging issues will be conducted by project staff and leading spokespersons within the membership of the society based on multidisciplinary background materials produced under the direction of an advisory committee. At least six background papers will be edited for publication in the Society's Emerging Issues on Aging Report Series. At least 6 formal presentations will be made at the annual meetings of selected oreganizations affiliated with the American Council on Education.

DEVELOPMENT OF ACADEMIC INSTITUTIONS/FACULTY/CURRICULA
Training

90AT0318
University of Kansas
College of Health Sciences and Hospital
39th and Rainbow Blvd.
Kansas City, KS 66103
Promoting Multidisciplinary Gerontological Education in Academic Health Professional Programs
Linda J. Redford, Ph.D.
(913) 588-1631

09/01/86 - 02/28/88	$ 0	$ 0	$ 99,354

Record# ABSTRACT
32 This project promotes expansion and multidisciplinary modification of gerontological nurse training curricula materials developed under a previous Public Health Service grant, for dissemination and adoption by other academic institutions in Missouri, Kansas, Iowa and Nebraska. Nine training modules developed for continuing education of nurses and medical social workers will be modified for use in multidisciplinary health professional education problems at the undergraduate, graduate and continuing education levels. Additional training modules on diagnosis and management of dementia disorders and new resource and reference materials will be developed. Promotional activities, an invitational workshop, and technical assistance will be conducted to encourage adoption of the instructional materials.

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

MANPOWER STUDIES
Research

90AT0179
University of Southern California Andrus Gerontology Center
University Park MC-0191
Los Angeles, CA 90089
Enhancing the Match of Gerontology Training and Employment Opportunities
David A. Peterson, Ph.D.
(213) 743-5156

09/01/86 - 01/31/88	$ 0	$ 0	$ 119,383

Record# ABSTRACT

50 A national survey will explore the degree of fit between the production of personnel in aging and the type and number of currently available and expected employment opportunities for them. A model process for analyzing existing and new data on occupational fields will be developed to determine where increased pre-service education is needed as well as fields where the supply of trained personnel equals the demand. Objectives are to: 1) develop a model approach to determination of manpower supply and demand for the field of aging; 2) complete an assessment of manpower supply and demand for four fields in cooperation with national professional organizations; and 3) widely disseminate results to faculty, professionals, students, and government agencies interested in manpower for the field of aging.

MANPOWER STUDIES
Research

90AT0180
University of Utah Gerontology Center
316 College Nursing
Salt Lake City, UT 84112
Assessment of Gerontology Manpower Through Current Graduates and Their Employers
Richard Connelly, Ph.D.
(801) 581-8198

07/01/86 - 11/30/87	$ 0	$ 0	$ 120,000

Record# ABSTRACT

48 A national survey will provide a comprehensive, detailed and uniformed profile of the employment experience and perceived educational needs of current students and post-graduates with different types of credentials and degrees in gerontology. Objectives include: 1) gathering data on graduates of gerontology training programs, data on current students and employers of gerontology graduates; 2) completing an assessment of types of training in relation to type and length of employment; 3) establishing liaisons with national organizations representing disciplines and employers associations of graduates for assistance with projecting manpower supply and demand and in dissemination of findings; 4) disseminating results of study to faculty, students, professional organizations, and government agencies. Data received from 2000 graduates of gerontology programs and their employers will be used to compare employment histories of undergraduate and graduate credential and degree students.

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

MANPOWER STUDIES
Research

90AT0201
Atlanta University Gerontology/Sociology
223 James P. Brawley Drive, S.W.
Atlanta, GA 30314
Minority Manpower in the Aging Network
Wilbur H. Watson, Ph.D.
(404) 681-0251

09/01/86 - 02/29/88	$ 0	$ 0	$ 119,527

Record# ABSTRACT

88 This project will study career paths of minority students who have completed gerontology training programs in Historically Black Colleges and Universities (HBCUs) and in Non-HBCUs in the United States since 1969. Comparative analyses will focus on: 1) Career aspirations of minority students currently enrolled in HBCU and non-HBCU gerontology programs; 2) actual employment of minorities who have completed HBCU and non-HBCU programs in 1969, 1973, 1977, 1981 and 1985; and 3) differential trends in employment of minorities and non-minorities employed and patterns of mobility in Area Agencies on Aging between 1981-1987. Forecasts of needs for minority personnel will be developed. Policy recommendations for the development and retention of minority personnel in the field of aging over the next several decades in the United States will be developed.

MANPOWER STUDIES
Research

90AT0315
University of Iowa Aging Studies Program
415 Jefferson Building
Iowa City, IA 52242
Career Pathways for Graduates of Gerontology Programs
Hermine McLeran, MPH
(319) 353-4496

09/01/86 - 01/31/88	$ 0	$ 0	$ 109,420

Record# ABSTRACT

49 The project will survey 3000 graduates of programs, in Regions V and VII, offering a certificate, minor, concentration or specialization in gerontology. The purpose is to determine whether these graduates are employed in the field of aging, how long they have been employed, and whether they are using their gerontology background in current positions. The objectives are to determine: how many graduates with specialization in gerontology find full-time and appropriate employment in the field of aging, in what type agencies graduates find employment; what job roles and responsibilities graduates assume; how long graduates have worked in the field and if they plan to continue; and to evaluate how gerontology programs have impacted on the work experience of graduates.

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PROJECT                                   AoA FUNDING
                                          FY 1984        FY 1985        FY 1986
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PLACEMENT/INTERNSHIP PROGRAMS
 Training

90AT0199
 National Caucus and Center on Black Aged
 1424 K Street, N.W.
 Washington, DC  20005
  Minority Training and Development In Long Term Care
Kinnard Wright,
(202) 637-8400
09/30/86 - 12/31/87                       $ 0            $ 0            $ 150,000
Record#  ABSTRACT
     126  This project will increase the number of minority persons in
          management positions in long term care facilities by placing
          interns in long term care facilities, providing training during
          internship and placing interns in permanent positions.  Private
          sector support will be solicited to train an additional 18 to 24
          interns over a 3-year period.
==========================================================================

PLACEMENT/INTERNSHIP PROGRAMS
 Training

90AT0303
 Grambling State University
 School of Social Work
 P.O. Box 907
 Grambling, LA  71245
  Minority Management Internship in Aging
Phill Cho, Ph.D.
(318) 274-2373
07/01/86 - 11/30/87                       $ 0            $ 0            $ 118,057
Record#  ABSTRACT
     127  This project will increase the number of minorities available for
          employment in the Aging Network by placing interns in agencies as
          program managers.  Host agencies will assist interns in locating
          employment.
==========================================================================
                         ACTIVE GRANTS
            Under Title IV of the Older Americans Act

PROJECT                              AoA FUNDING
                                     FY 1984       FY 1985       FY 1986
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PLACEMENT/INTERNSHIP PROGRAMS
 Training

90AT0304
 New York State Office for Aging
 Empire State Plaza Building, #2
 Albany, NY  12223
  Minority Training and Development
Sandra Powell,
(518) 474-5041
07/31/86 - 12/31/87                  $ 0           $ 0           $ 110,000
Record#  ABSTRACT
    133  This project will increase the number of minorities available for
         employment in the Aging Network as program managers by placing
         interns in Area Agencies for a 14-month training period.
         Assistance will be given in locating employment.  A case study on
         how to successfully recruit minority professionals will be
         produced.
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PLACEMENT/INTERNSHIP PROGRAMS
 Training

90AT0305
 Asociacion Nacional Pro Personas Mayores
 2727 West Sixth Street, Suite 270
 Los Angeles, CA  90057
  Hispanic Gerontological Internship Program
Carmela Lacayo,
(213) 487-1922
07/01/86 - 06/30/87                  $ 0           $ 0           $ 133,463
Record#  ABSTRACT
    134  This project will increase the number of Hispanics available for
         employment in the aging network and promote the placement of
         Hispanics as program managers by placing interns in management
         positions in aging-related agencies.  Interns will be given
         assistance in locating employment.
==============================================================================
                         ACTIVE GRANTS
            Under Title IV of the Older Americans Act

PROJECT                                  AoA FUNDING
                                         FY 1984       FY 1985        FY 1986
======================================  ======================================

PLACEMENT/INTERNSHIP PROGRAMS
 Training

90AT0306
 North Carolina Central University
 Public Administration Program
 P.O. Box 19552
 Durham, NC  27707
  Minority Training and Development
Clarence Brown, Ph.D.
(919) 683-6240
09/30/86 - 02/28/88                      $ 0           $ 0            $ 138,558
Record#  ABSTRACT
     135 This project will increase the number of minority professionals to
         be employed in the Aging Network by placing 15 graduates in entry
         level and management intern positions.  Employment opportunities
         will be provided through a cooperative agreement between the
         grantee, Area Agencies on Aging, the State Unit on Aging and other
         aging service provider agencies.
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PLACEMENT/INTERNSHIP PROGRAMS
 Training

90AT0312
 National Hispanic Council on Aging
 2713 Ontario Road, N.W.
 Washington, DC  20009
  Increasing the Pool of Hispanic Professionals in Gerontology
Marta Sotomayor, Ph.D.
(202) 265-1288
09/30/86 - 02/28/88                      $ 0           $ 0            $ 138,546
Record#  ABSTRACT
     136 This project will increase the number of Hispanic professionals to
         assume a leadership role on behalf of the Hispanic elderly.  Twelve
         students will be involved in an educational enrichment program
         which includes a six week internship in Washington, D.C. and
         participation in two NHCoA training conference.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0314
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, DC 20005
Fellowship Program in Applied Gerontology
Adrian Ruth Walter, Ph.D.
(202) 393-1411

08/01/86 - 10/31/87	$ 0	$ 0	$ 147,519

Record# ABSTRACT

89 The project will provide short-term education and training opportunities ar fellows for professors in colleges and universities Nationwide who teach in gerontology and other programs with aging content, and for staff people in the Aging Agencies in which the fellows conduct three month projects during the summer months. The objectives of the program are to: 1) provide academically-trained educators and researchers with field experiences that can improve their teaching; 2) enable line staff in aging agencies to receive exposure to and training from gerontological educators conducting projects in their offices; 3) help agencies providing services to the elderly solve service-delivery problems; and 4) disseminate lessons learned in solving one agency's problems to other organizations in the aging network. The project will benefit the agencies, fellows, and the elderly population with improved services.

PLACEMENT/INTERNSHIP PROGRAMS
Training

90AT0321
SUNY College at Old Westbury
P.O. Box 9
Albany, NY 12246
Facilitating Minority Employment in Elderly Service Provider Agencies
Harvey Catchen, Ph.D.
(516) 876-2731

09/01/86 - 03/01/88	$ 0	$ 0	$ 119,450

Record# ABSTRACT

137 This project will increase the number of minorities employed in the Aging Network by placing interns in service provider agencies for eight months. Assistance will be given in locating employment in the Aging Network. A Manual on Survival Skills and Growth Opportunities will be produced.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

OTHER
Demonstration

90AM0114
Florida International University
Southeast Florida Center on Aging
Tamiami Campus
Miami, FL 33199
The Power of Volunteerism
Max B. Rothman, JD
(305) 940-5550
06/30/85 - 06/29/87 $ 0 $ 100,000 $ 100,000
Record# ABSTRACT
132 This demonstration project is enlisting the corporate sector in recruiting employees and retirees to serve as volunteers in social and health agencies whose program emphasis is on assisting the chronically impaired elderly. The project is targeted at 60 corporations and 100 community agencies. Well over 100 volunteers are being recruited to serve 500 frail older persons.

OTHER
Demonstration

90AM0164
Elvirita Lewis Foundation
255 North El Cielo Road
Palm Springs, CA 92262
Public/Private National Intergenerational Initiative
Steven Brummel,
(619) 397-4552
09/30/85 - 09/29/87 $ 0 $ 0 $ 175,000
Record# ABSTRACT
145 This is a precedent setting two year public/private intergenerational initiative. Although the Elvirita Lewis Foundation is the AoA grantee, the project involves nine foundations geographically dispersed across the Nation. In the first year, innovations in intergenerational programming were tested in community settings through these foundations and local community service organizations. In the second year, projects focus on innovations in training older persons for meaningful second careers in intergenerational settings. The projects are targeted to reach low income older persons and are being designed with local community support to insure their survivability when Federal and foundation funding end. The project will produce a professionally prepared final report suitable for wide dissemination.

ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986

OTHER
Demonstration

90AM0226
Phoenix Systems, Inc.
601 South Minnesota Avenue, Suite L102
Sioux Falls, SD 57104
Franchising Human Service Products
G. Richard Ambrosius,
(605) 339-3221

07/01/86 - 06/30/87	$ 0	$ 0	$ 149,888

Record# ABSTRACT

109 The purpose is to establish a franchising and joint venture system to promote the dissemination of products and information to human service agencies. In collaboration with Area Agencies on Aging, using direct marketing techniques, the project will result in the dissemination of multiple products to over 7,000 end users. The main product will be the dissemination of a product catalogue to our 100,000 human service agencies.

OTHER
Information Dissemination/Public Education

90AJ2002
Ryden Driving Institute, Inc.
9470 Annapolis Road, Suite 102
Lanham, MD 20706
Driver Retraining and Recertification Program for Selected OHDS Client Groups
John C. Ryden,
(301) 459-9626

04/30/85 - 03/14/87	$ 0	$ 15,394	$ 67,639

Record# ABSTRACT

110 The purpose of the project is to design and develop a commercially marketable education and recertification program for various OHDS client groups, particularly the older American driver. Phase I of this project, completed in October, 1985, resulted in a comprehensive feasibility analysis for a driver education program for older drivers and a detailed course outline and instruction guide. During Phase II, November 1985 through March 1987, the project will pilot test and evaluate the guide and course content. The final products will include tested specifications for a driver education program and the commercial availability of a driver education program for older Americans.

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                           ACTIVE GRANTS
               Under Title IV of the Older Americans Act

PROJECT                                 AoA FUNDING
                                        FY 1984        FY 1985        FY 1986
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OTHER
 Other - LTC Gerontology Center

90AL0012
 University of Utah
 College of Nursing
 302 Park Bldg.
 Salt Lake City, UT  84112
  Long Term Care Gerontology Center
Margaret Dimond, Ph.D.
(801) 581-8198
08/01/82 - 07/31/87                     $ 0            $ 449,482         $ 449,456
Record#  ABSTRACT
     42  Through interdisciplinary research, education, training and
         development of "best practice" models, the Center adds to the body
         of knowledge in long term care and develops a cadre of
         professionals equipped to work with and for the vulnerable elderly.
          Through dissemination of information and technical assistance,
         especially to State and Area Agencies on Aging, the Center helps
         other organizations at State and local levels acquire new knowledge
         in LTC which is applied in working with the vulnerable elderly.
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OTHER
 Other - LTC Gerontology Center

90AL0014
 University of Texas Health Science Center at Dallas
 5323 Harry Hines Boulevard
 Dallas, TX  75235
  Long Term Care Gerontology Center
Laura Wilson, Ph.D.
(214) 688-2820
10/01/82 - 09/30/87                     $ 0            $ 454,875         $ 449,875
Record#  ABSTRACT
     43  Through interdisciplinary research, education, training and
         development of "best practice" models, the Center adds to the body
         of knowledge in long term care and develops a cadre of
         professionals equipped to work with and for the vulnerable elderly.
          Through dissemination of information and technical assistance,
         especially to State and Area Agencies on Aging, the Center helps
         other organizations at the State and local levels acquire new
         knowledge in LTC which is applied in working with the vulnerable
         elderly.
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ACTIVE GRANTS
Under Title IV of the Older Americans Act

PROJECT	AoA FUNDING FY 1984	FY 1985	FY 1986
OTHER Other - Museum Exhibition			
90AT0326 Smithsonian Institution Office of Folklife Programs 2600 L'Enfant Plaza Washington, DC 20560 The Grand Generation Traveling Exhibition Marjorie Hunt, (202) 287-3449 09/30/86 - 02/28/88	$ 0	$ 0	$ 75,000

Record# ABSTRACT

40 Grantee will produce a traveling museum exhibition which will depict the vital role older people play in preserving and passing down traditions from one generation to another. The transmission of culture and values from the older to younger generations and the importance of tradition as well as creativity in the aging process will be emphasized. A variety of educational outreach programs, including oral history workshops, films, lectures, exhibition booklets and a catalog will accompany the exhibition

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION IN FISCAL YEAR 1986

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the basic program in the United States that provides income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked Social Security taxes; the self-employed also are taxed on their net earnings. Then, when earnings stop, or are reduced because of retirement in old-age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current taxes are largely paid out in current benefits. However, at the same time, current workers build rights to future benefit protection.

SSA also administers the supplemental security income (SSI) program for needy aged, blind, and disabled people (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. SSI benefits are financed from general revenues. In about 50 percent of the cases, SSI supplements income from other sources, including Social Security benefits.

SSA shares responsibility for the black lung program with the Department of Labor. SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local Social Security offices process applications for entitlement to the Medicare program and assist individuals in filing claims for Medicare benefits. Overall Federal administrative responsibility for the Medicare program rests with the Health Care Financing Administration, HHS.

Until an April 1986 HHS reorganization, SSA had Federal responsibility for the Aid to Families With Dependent Children, Low-Income Home Energy Assistance, and U.S. Repatriate programs. Federal administration of these programs now comes under a new HHS operating division, the Family Support Administration.

Following is a summary of beneficiary data, selected administrative activities, precedential court decisions, and Social Security-related legislation enacted in fiscal year 1986.

I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1986, about 95 percent of all Americans age 65 and over were drawing Social Security benefits, or were eligible to draw benefits if they or their spouses retired. It is expected that 96 percent of the aged will be eligible for Social Security benefits by the end of the century.

At the end of October 1986, 37.6 million people were receiving monthly Social Security cash benefits, compared to 36.9 million in October 1985. Of these beneficiaries, 22.9 million were retired workers, 3.5 million were dependents of retired workers, 4.0 million were disabled workers and their dependents, 7.2 million were survivors of deceased workers and about 25,700 were persons receiving special benefits four uninsured individuals who reached age 72 some years ago ("prouty payments").[1]

The monthly amount of benefits paid for October 1986 was $16.3 billion, compared to $15.4 billion for October 1985. Of this amount, $11,9 billion was paid to retired workers and their dependents, $1.5 billion was paid to disabled workers and their dependents, $2.9 billion was paid to survivors, and $3.5 million was paid to uninsured persons who reached age 72 in the past.[1]

Retired workers received an average benefit for October 1986 of $482 (up from $464 in October 1985), and disabled workers also received an averge benefit of $482. Retired workers newly awarded Social Security benefits for October 1986 averaged $448, while disabled workers received an average initial benefit of $477.

During fiscal year 1986, an estimated $194 billion in Social Security cash benefits was paid, compared to $184 billion in fiscal year 1985. Of that total, retired workers and their dependents received $134 billion, disabled workers and their dependents received $19.5 billion, survivors received $40.1 billion, and uninsured beneficiaries over age 72 received $49 million.[1]

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[1] The cost of these special benefits for aged uninsured persons are financed from general revenues, not from the Social Security trust funds.

Monthly Social Security benefits were increased by 3.1 percent for December 1985 (payable beginning January 1986) to reflect a corresponding increase in the Consumer Price Index (CPI). An automatic cost-of-living adjustment of 1.3 percent will be effective for December 1986, payable in January 1987.

II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In January 1986, SSI payment levels (like Social Security benefit amounts) were automatically adjusted to reflect a 3.1 percent increase in the CPI. Thus, from January through December 1986, the maximum monthly Federal SSI payment level for an individual was $336. The maximum monthly benefit for a married couple, both of whom were eligible for SSI, was $504. In January 1987, these monthly rates will be increased to $340 for an individual and $510 for a couple of reflect a 1.3 percent increase in the Consumer Price Index.

As of July 1986, 4.2 million aged, blind, or disabled people received Federal SSI or federally administered State supplementary payments. Of the 4.2 million recipients on the rolls during July 1986 over 2 million were aged 65 or older. Of the recipients aged 65 or older, 536,000 were eligible to receive benefits based on blindness or disability. Over 2 million recipients were blind or disabled and under age 65. During July 1986, Federal SSI benefits and federall administered State supplemantary payments totaling a little over $1 billion were paid.

For fiscal year 1986, $11.5 billion in benefits (consisting of $9.3 billion in Federal funds and $2.2 billion in federally administered State supplementary payments) were paid.

III. BLACK LUNG BENEFITS AND BENEFICIARIES

Although responsibility for new black lung miner claims shifted to the Department of Labor (DOL) in July 1973, SSA continues to pay black lung benefits to a significant, but gradually declining, number of miners and survivors. (While DOL administers new claims under part C of the Federal Coal Mine Safety and Health Act, SSA is still responsible for administering part B of the Act.)

During September 1986, about 280,000 individuals (187,000 age 65 or older) received $79.9 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 72,000 miners received $23.8 million, 136,000 widows received $44.2 million, and 72,000 dependents received $11.9 million. During fiscal year 1986 SSA adminstered black lung payments in the amount of slightly more than $985 million. About 64,000 miners and 123,000 widows were age 65 or older.

Black lung benefits will increase by 3.0 percent effective January 1987 due to an automatic general benefit increase adjustment under the law. (Black lung benefits were not increased in 1986.) The monthly payment to a coal miner disabled by black lung disease will increase from $328.20 to $338.00. The monthly benefit for a miner or widow with one dependent will incerase from $492.30 to $507.00 and with two dependents from $574.30 to $591.00. The maximum monthly benefit payable when there are three or more dependents will increase from $656.40 to $676.00.

IV. COMMUNICATION AND SERVICES

Information Activities

Throughout 1986, major emphasis was given to publicizing the soundness of Social Security and its value to both young and older workers. Public information messages and materials targeted to older workers and beneficiaries were designed to assure them that they can continue to count on Social Security.

SSA produced a new public information tool, the *Social Security Pre-Retirement Handbook*, to assist SSA field personnel in conducting pre-retirement seminars for older workers. With the materials in the handbook, field personnel can more effectively and efficiently inform pre-retirees 50 and older about Social Security and its role in their retirement planning.

A special food stamp leaflet and poster were developed for SSA field office use in carrying out the provisions of section 1531 of the Food Security Act of 1985 (P.L. 99-198). Under section 1531, SSA field offices are required to inform all Social Security applicants and beneficiaries about food stamps and how to apply for them. SSA also is required to provide food stamp applications in Social Security offices. The new leaflect and poster were produced by SSA but funded by the U.S. Department of Agriculture. SSA field offices already provide information about food stamps to, and in some cases take food stamp applications from, supplemental security income applicants and recipients.

Although the Health Care Financing Administration (HCFA) is responsible for producing and distributing most Medicare publications, SSA continued to produce Medicare booklets for workers and Social Security beneficiaries nearing age 65 and other potential Medicare beneficiaries. SSA also printed and distributed a variety of other Medicare informational materials to assist SSA field personnel in serving both potential and current Medicare beneficiaries. Materials distributed in 1986 included HCFA's quarterly listings of Health Maintenance Organizations (HMO's) and Competitive Medical Plans (CMP's) that contract with Medicare, for field office use in referring beneficiaries to the HMO(s) and/or CMP(s) in their area; copies of HCA's newsletter for national beneficiary organizations; and public information program circulars on Medicare provisions and issues to help field offices respond to beneficiary inquiries.

In addition, SSA conducted its usual public information activities to support field administration of the agency's programs. More than 100 million copies of about 50 publications explaining Social Security, SSI, and Medicare were produced in 1986. With its new computer typesetting program, SSA can produce leaflets in easier-to-read type more efficiently and at little or no additional cost. SSA also produced public service announcements for radio and TV, exhibits, and a variety of other informational materials for field office use in explaining the Social Security programs to older workers and the public in general.

Expanded SSI Outreach

SSA continued to expand and improve outreach efforts to potential SSI recipients in 1986.

SSA contacted seven other Federal agencies and more than 75 national organizations to recruit their assistance in reaching aged, blind, and disabled people who may be eligible for SSI. Among these were: the Veterans Administration, Health Care Financing Administration, Administration on Aging, Department of Education, U.S. Postal Service, Department of Agriculture, as well as numerous aging, disability, veterans, and charitable organizations. Public information materials on SSI were provided to the agencies and organizations for dissemination to their networks of State, regional, and/or local affiliates. The Veterans Administration, for example, distributed SSI publications and posters to its 58 regional offices. In addition, SSA directly mailed packages of SSI posters and publications to 7,000 public and private hospitals and more than 400 rehabilitation agencies, independent living centers, and sheltered workshops. Arrangements were made with the U.S. Postal Service for SSI outreach posters to be displayed in 39,000 post offices across the country. Many of the organizations published articles about SSI in their newsletters.

Two new outreach posters, a desk card on SSI eligibility requirements, and a series of articles were produced to support the outreach effort. In addition, existing SSI publications for both potential and current recipients were simplified and redesigned to improve readability, clarity, and comprehension.

SSA also expanded its coverage of the SSI program in its monthly newsletter, *Information Items*, which goes to more than 5,000 groups and organizations interested in SSA's programs, all SSA field offices, and many Congressional offices.

Improved Benefit Verifications

SSA continues to publicize its new Third Party Query system for providing beneficiary status information to other public agencies which provide services and cash benefits to Social Security and SSI beneficiaries. Under this system, SSA is able to verify benefit payments in a faster and more efficient manner.

V. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1986

POSSE (Public Agencies Opposed to Social Security Entrapment) v. Heckler-Termination of Social Security Coverage Agreements

On June 19, 1986, the Supreme Court unanimously held for the Government and found that section 103 of P.L. 98-21 (the Social Security Amendments of 1983), which prohibits termination of Social Security coverage of State and local governmental employees as of April 20, 1983, constitutional. Earlier, on May 31, 1985, the U.S. District Court for the Eastern District of California entered a final judgment against the defendants (the Government) in which that court ruled that this section of law was void and that the State of California and its political subdivisions have the right to terminate Social Security coverage under California's Federal-State agreement and section 218 of the Social Security Act.

VI. SUMMARY OF LEGISLATION ENACTED OCTOBER 1985–NOVEMBER 1986 THAT SIGNIFICANTLY AFFECTS SSA

Public Law 99-177 (H.J. Res. 372), Increases in Statutory Limit on the Public Debt and Balanced Budget and Emergency Deficit Control Act of 1985 (Gramm-Rudman-Hollings Amendment)—Signed December 12, 1985 [1]

Title II of the new law, "Deficit Reduction Procedures" (generally referred to as the Gramm-Rudman-Hollings Amendment) amended the Cogressional Budget and Impoundment Control Act of 1974 to require annual reductions in Federal budget deficits—as shown in both the Presidential and Congressional budgets—in each fiscal year over the period 1986-91 sufficient to eliminate the projected deficit by the end of this period.

*If targeted reductions in the deficit in a fiscal year were not met (either by enacting spending reductions or revenue increases), a system of automatic spending cuts—equally divided between defense and domestic programs—are triggered.

*The President is required to implement broad spending reductions ("sequesters") in Federal programs sufficient to meet the targets.

*Congress is prohibited from overriding a Presidential sequestration order in any manner that would cause the deficit-reduction target for the year not to be met.

Social Security benefits (including cost-of-living adjustments), interest payments on the national debt, SSI and AFDC payments, and certain other programs for the poor are exempt from the sequestration process. Medicare is subject to limited cuts under the new law. SSA's administrative expenditures are not exempt from the sequestration process.

Any effort to include legislation affecting Social Security in budget reconciliation bills may be subject to a point of order.

Trust fund receipts and expenditures are counted for purposes of determining the size of the deficit. However, operations of the OASI and DI trust funds are removed from the unified budget beginning in fiscal year 1986; HI trust fund operations remain in the unified budget until fiscal year 1993 (as scheduled under prior law).

Under provisions related to management of the OASI, DI, HI and SMI trust funds, the Secretary of the Treasury was required to:

—Issue to the OASI, DI, HI, and SMI trust funds obligations bearing interest rates and maturities identical to those of any obligations redeemed between August 31 and September 30, 1985, that would not have been redeemed had the debt limit been raised on August 1, 1985;

—Adjust the payment of interest to the trust funds on December 31, 1985, to take into account interest earnings associated with obligations that were redeemed after August 31, 1985, by reason of the debt limit's having been reached;

—Pay into the OASI and DI trust funds amounts sufficient to compensate them for past and future interest losses attributable to the redemption of securities in September and October of 1984, because of debt-limit problems that occurred then; and

—Pay into the OASI, DI, HI and/or SMI trust funds amounts equal to any interest losses during the period beginning with December 7, 1985, and ending with the date of enactment that are attributable to the inability to invest income to the trust funds that would have otherwise been invested but for expiration of the November 14 temporary increase in the debt limit.

Public Law 99-190 (H.J.R. 465), Making Further Continuing Appropriations for the Fiscal Year 1986, and for Other Purposes—Signed December 19, 1985

Contains a provision to extend from December 31, 1985 to April 30, 1986 or, if earlier, implementation of a retirement system supplemental to Social Security, the period during which Federal employees covered under Social Security as a result of the Social Security Amendments of 1983 will contribute 1.3 percent of their salary to their Federal retirement system. Without this extension, affected employees would have been required, as of January 1, 1986 to make full contributions to their retirement system, generally, 7 percent of salary, in addition to paying OASDI taxes of 5.7 percent.

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[1] Certain aspects of Public Law 99-177 were found unconstitutional in a Supreme Court decision in July 1986. Those aspects of the legislation that were invalidated by the July court decision relate to the automatic spending cuts and are asterisked in the description provided here.

Public Law 99-198 (H.R. 2100), Food Security Act of 1985—Signed December 23, 1985

Reauthorizes Federal farm subsidy and food stamp programs for fiscal years 1986-90. The law includes provisions to:

—Require SSA to provide food stamp information and applications to Social Security applicants and beneficiaries, but SSA would not be required to take any food stamp applications beyond those taken under current practice. (SSA currently takes food stamp applications from SSI applicants and recipients who live in households in which all members receive or are applying for SSI benefits.)

—Require that States (except for food stamp cash out States—California and Wisconsin) grant automatic food stamp eligibility to households composed entirely of AFDC or SSI recipients. Eligibility would be judged without regard to income and asset standards of the Food Stamp Act. The provision is effective through September 1989. A report on the provision's effect on program costs, error rates, and other factors is due within 2 years.

—Allow a limited number of States and political subdivisions to conduct projects under which a household would be considered eligible for food stamps if any member of the household receives a benefit under SSI, AFDC, or Medicaid and the household's gross income does not exceed 130 percent of the Federal poverty level; also requires for purposes of these projects that the Secretaries of HHS and Agriculture consult "to ensure that to the extent practicable . . . the processing of applications for, and determinations of eligibility for, food stamp benefits are simplified and are unified with the processing of applications for, and determinations of eligibility to receive, benefits under . . . the Social Security Act. . . ."

Public Law 99-272 (H.R. 3128) Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)—Signed April 7, 1986

Makes changes in the Social Security OASDI programs to:

Extend through June 9, 1990 the Secretary's authority to waive statutory program requirements in conducting work incentive demonstration projects under section 505 of P.L. 96-265 (Social Security Disability Amendments of 1980), and provide for annual reports to the Congress. The changes also clarify that the waiver authority for SSI studies will be permanent.

Require the Secretary to appoint a Disability Advisory Council in lieu of the regular quadrennial Advisory Council on Social Security to study and make recommendations on the medical and vocational aspects of disability under the Social Security and SSI programs.

Extend the 15-month reentitlement period to childlhood disability beneficiaries who become entitled a second, or subsequent time.

Correct the method of imposing work deductions against auxiliary benefits in disability cases.

Clarify that all workers' compensation benefits that had been cause for offset of Social Security disability benefits prior to the enactment of the Omnibus Budget Reconciliation Act of 1981 continue to cause offset of disability benefits.

Exempt from income taxation all Social Security benefits paid to citizens of U.S. possessions who are not otherwise citizens of the United States, if those benefits are subject to taxation under a provision of local law equivalent to the U.S. tax law.

Permit payment of benefits to great-grandchildren meeting necessary dependency criteria who are adopted after the worker becomes entitled to retirement or disability benefits.

Provide that the effective date of a State Social Security coverage agreement (or a modification of an agreement) is the date the agreement (or modification) is mailed or delivered to the Secretary.

Clarify that, for purposes of taxation of Social Security benefits and of various provisions of the law that require calculations of year-end trust-fund reserve ratios, benefits that are delivered prior to the end of the month for which benefits were paid would be deemed to have been paid on the regular delivery date. (Benefits can be paid before the end of the month when the first, second, and third days of the subsequent month are all days on which banks are closed.)

Exempt for Social Security coverage and earnings test purposes compensation received by senior status (retired) Federal judges on active duty.

Provide that a benefit payment made to a deceased Social Security or SSI beneficiary which is "direct deposited" in an account owned jointly with another individual who is receiving benefits on the same earnings record or who is the other member of an SSI "eligible couple" shall be treated as an overpayment to the surviving joint account holder. This extends overpayment due-process rights to the survivor. Under the SSI program, the qualified joint account holder is the surviving spouse who was eligible for an SSI payment (or federally administered State supplement) as an eligible spouse in the month in which the deceased individual died.

Makes SSI-related changes to:

Permit restoration of Medicaid eligibility status for certain low income widows and widowers who lost SSI eligibility (and subsequently Medicaid eligibility) due to the January 1984 Social Security benefit increase for disabled widow(er)s.

Require SSA, at the request of a State, to administer State supplementary payments provided to residents of Medicaid facilities in cases in which the Federal SSI benefit standard is limited to $25.

Provide that a State would be found in compliance with passalong requirements for 1984 and 1985 if, in 1986 the State supplementation levels are such that, since December 1976, the State has increased its State supplementary payment levels by no less than the total percentage increase in the Federal SSI benefit standard between December 1976 and February 1986 including the COLA for 1986.

Other changes include:

Makes Medicaid and Medicare changes which indirectly affect Social Security programs, including a provision to mandatorily cover, for hospital insurance (Medicare) tax and benefit purposes, services performed after March 31, 1986, by employees of States and their political subdivisions (and of the Governments of Guam, American Samoa, and the District of Columbia) hired after that date.

The Conference Report directs GAO to study the extent, size, nature, frequency and treatment under Federally funded programs (including SSI) of payments to Indians from various funds which are based on their status as members of Indian tribes or organizations, and to report its findings to the Congress by April 7, 1987.

Public Law 99-509 (H.R. 5300), Omnibus Budget Reconciliation Act of 1986—Signed October 21, 1986

Includes the following Social Security-related provisions of interest:

Permanently eliminates the cost-of-living adjustment (COLA) trigger, the requirement in the law that the CPI must have increased by at least 3 percent before a COLA can occur. As a result, Social Security and SSI benefits will increase by 1.3 percent in January 1987. In subsequent years, whenever there is an increase in the CPI, a COLA will apply to Social Security and SSI benefits, and there will be increases in other program amounts. In addition, the new law clarifies that in implementing the SMI premium "hold-harmless" provision the saving from rounding Social Security benefits down to the lower dollar accrues to the OASDI trust funds.

Provides a temporary increase in the public debt limit (to May 15, 1987) and assures that various Federal trust funds will not be adversely affected by recent delays in increasing the public debt limit.

Provides for accelerated deposits of State and local Social Security contributions by making them subject to the private sector deposit schedule and procedures, effective January 1, 1987.

Clarifies that the Congress intends that the income and eligibility verification system in section 1137 of the Social Security Act must be targeted to those uses which are likely to be most productive. States would be permitted to prioritize and target the follow-up and review of case records based on information supplied.

Establishes and administrative remedy for false claim and statement cases under $150,000 which the Department of Justice has declined to litigate.

Establishes continuing Medicaid coverage for working individuals with severe impairments under conditions similar to those for eligibility under section 1619(b) of the Social Security Act. The provision would apply to persons who, in the month before the initial month of the period for which Medicaid eligibility is being determined, were covered under the Medicaid program and received SSI disability or blindness benefits, State supplementary payments, or payments under section 1619(a). It also provides Medicaid coverage for individuals in section 1619(b) status in States that previously did not specifically cover section 1619(b) individuals. (P.L. 99-643 provides similar protection for individuals in either section 1619(a) or (b)).

Clarifies that Medicaid benefits are available only to otherwise qualified aliens who are lawfully admitted for permanent residence or otherwise permanently residing in the U.S. under "color of law."

Requires the Secretary to expand disenrollment procedures to permit Medicare beneficiaries to disenroll from Health Maintenance Organizations and Competitive Medical Plans at their local Social Security offices.

Provides that, for Medicaid purposes, distributions that could be (but are not) made from "grantor trusts" established before April 7, 1986, solely for the benefit of mentally retarded individuals who reside in intermediate care facilities for the mentally retarded, will not be considered as income or resources.

Makes available an additional categorically needy option for States, allowing them to provide Medicaid to people who are aged 65 and older or disabled (as defined in SSI law) and whose incomes (after exclusions specified in SSI law for determining SSI eligibility and benefits and without reduction by medical expenses other than impairment-related work expenses) do not exceed levels, established by the States, that could be as high as the nonfarm poverty line established by the Office of Management and Budget.

Public Law 99-514 (H.R. 3838), The Tax Reform Act of 1986—Signed October 22, 1986

Social Security-related provisions:

Requires individuals filing a tax return due after December 31, 1987, to include the taxpayer identification number (TIN)—usually the Social Security number—of each person age 5 or older (as of the close of the taxable year) whom the taxpayer claims as a dependent. Tax filers would be subject to a penalty of $5 for each failure to comply with the TIN requirement without good cause.

Increases the maximum penalty for failure to file an information return (including form W-2) or failure to supply identifying numbers (including Social Security numbers). Also adds a new penalty for omitting information from or providing incorrect information on an information return. Applies to returns due after December 31, 1986 without regard to extensions.

Beginning in 1987, increases the rate of the earned income tax credit from 11 percent to 14 percent of earnings and increases the maximum amount of earnings to which the rate applies from $5,000 (unindexed) to an amount equal to $5,714 adjusted for inflation. Also liberalizes the provisions for phasing down the earned income tax credit. The phasedown rate for tax years after 1986 will be reduced to 10 percent. The income levels at which the phasedown begins will be $6,500 in 1987 and $9,000 thereafter, adjusted for inflation. All inflation adjustments for any tax year will be based on comparison of increases in the averaging CPI-U for the 12-month period ending August 31 of the prior tax year to the average CPI-U for the 12-month period ending August 31, 1984.

Repeals the exclusion of all or a portion of unemployment benefits from gross income for certain taxpayers, effective for amounts received after December 31, 1986, in taxable years ending after that date.

Provides that the mandatory Medicare coverage of State and local employees employed after March 31, 1986, does not apply to election officials and workers who are paid less than $100 in a calendar year. Effective for services performed after March 31, 1986.

Changes the conditions under which a member of the clergy may receive an exemption from Social Security coverage by requiring that the member inform the church of his or her opposition to public insurance. Also, before approving an application for exemption, the Department of the Treasury must verify that the member of the clergy is aware of the grounds on which he or she may obtain an exemption and is seeking an exemption on these grounds. Effective with respect to applications filed after December 31, 1986.

Permits a member of the clergy who are received an exemption from Social Security coverage to revoke the exemption, providing the revocation is filed before he or she becomes entitled to Social Security benefits and no later than the due date of his or her Federal income tax return for his or her first taxable year beginning after the date of enactment. This provision is effective with respect to average for the member's first taxable year ending on or after enactment or beginning after enactment (whichever is specified in the application for revocation) and all succeeding taxable years and with respect to benefits for months in or after the calendar year in which the application is effective.

Permits a church or church-controlled organization which has elected not to pay Social Security employer taxes (and whose employees are, consequently, treated as self-employed) to revoke its election, effective upon enactment. Also provides (1) that the optional exemption from Social Security self-employment taxes for members of certain religious sects (primarily the Amish) does not apply to church employees who are treated as self-employed, and (2) that such church employees cannot combine their earnings or losses from a trade or business with church income for purposes of computing Social Security coverage and tax liability. The latter provision is effective with respect to remuneration paid or derived in taxable years beginning after December 31, 1985.

Makes numerous other minor and technical Social Security coverage and wage changes.

Public Law 99-570 (H.R. 5484), Omnibus Drug Enforcement, Education, and Control Act of 1986—Signed October 27, 1986

Includes the following Social Security-related provisions:

Requires the Secretary of Health and Human Services (HHS) to establish a system for individuals to apply for SSI benefits prior to discharge or release from public institutions.

Requires the Secretaries of HHS and Agriculture to establish procedures under which an individual whose eligibility for SSI is being handled under a prerelease program may apply for participation in the SSI and food stamp program by executing a single application.

Requires the Secretary of HHS to provide a method of making SSI payments to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

Requires State Medicaid plan to provide a method of making a card evidencing eligibility for medical assistance available to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

Requires each Federal agency, effective 90 days after enactment, to establish a schedule of fees applicable for processing Freedom of Information Act requests, in accordance with guidelines established by the Office of Management and Budget. These provisions may not supersede any statutory provisions that set forth specific levels of fees for providing particular types of records.

Authorizes use of the Social Security number in connection with a standard classified driver's license system (in title XII of Public Law 99-570, the "Commercial Motor Vehicle Safety Act of 1986").

Public Law 99-591 (H.J.R. 738), Making Appropriations for Fiscal Year 1987—Signed October 30, 1986

Provides for rounding black lung benefits down to the lower dollar beginning with the first black lung benefit increase occurring in Fiscal Year 1987—that is, the increase scheduled for January 1987. The rounding change comes from Fiscal Year 1987 appropriations language and therefore applies for the January 1987 pay increase and for benefits newly calculated in the period January through September 1987.

The House and Senate Committees' reports on H.R. 5233, the Labor, Health and Human Services and Related Agencies appropriations bill that was incorporated in the Continuing Resolution direct SSA, in cooperation with the National Institutes of Health, to review and update the criteria used to determine disability on the basis of Alzheimer's disease and related disorders. A report on the status of these changes is due to the Committees prior to 1987 appropriations hearings.

Public Law 99-603 (S. 1200), Immigration Reform and Control Act of 1986—Signed November 6, 1986

Provides for legalizing undocumented aliens who resided in the United States continuously since before 1972 by updating the INS registry date from June 30, 1948 to January 1, 1972. Aliens who entered the country after June 30, 1948 and before January 1, 1972 could be deemed to be lawfully admitted for permanent residence. This status meets program requirements for SSI payments.

Provides for granting temporary resident status to those undocumented aliens who have been residing continuously in the United States since January 1, 1982 and to certain seasonal agricultural workers.

Generally prohibits public assistance benefits for these legalized aliens for 5 years. However, the legislation does not prohibit participation in the SSI, food stamp, or Medicaid Programs by the aged, blind, or disabled who are newly legalized under this provision.

Appropriates $1 billion a year for fiscal years 1988 through 1991 to reimburse the States for financial and medical assistance and educational services provided certain newly legalized aliens. However, the yearly appropriation would be reduced by the amount of Federal expenditures for SSI. food stamps, and Medicaid provided to newly legalized aliens because of the exceptions to the public assistance bar, as described above.

Requires federally funded assistance programs to verify with INS, under a system designated by INS, that an alien applying for Federal assistance benefits is in an immigration status that would permit program eligibility. The requirement may be waived in certain cases and does not apply to SSI, which already has extensive verification procedures.

Requires employers to examine certain documentation to establish the identity and employment authorization of every individual hired on or after the date of enactment (although full enforcement of employer sanctions will not occur until after May 31, 1988).

Provides that employers who knowingly hire illegal aliens may be subject to certain sanctions and, in this connection, contains various provisions relating to Social Security numbers and cards:

—Employers may accept the Social Security card as evidence of employment authorization. Employers are not required to accept only tamperproof Social Security cards for this purpose; however, the President is authorized, during a prescribed review of the employment verification system, to require use of the tamperproof card, provided he has given the Congress one year's advance notification and the Congress has approved the change and appropriated funds for this purpose. The costs of any changes in the Social Security card attributable to immigration reform must be met through general revenues.

—The Secretary of HHS, acting through SSA and in cooperation with the Attorney General and Secretary of Labor, is required to study the feasibility and costs of establishing a Social Security number validation system. The law requires that the report, together with recommendations as may be appropriate, be submitted to Congress within 2 years after the date of enactment.

—The Attorney General, in consultation with the Secretary of HHS and Labor, is required to study methods the Department of Justice might use in determining employment eligibility of aliens in the United States. This study is to concentrate on those data bases that are currently available to the Federal Government through which telephone access and computation capability could be used to "verify instantly" the employment eligibility status of job applicants who are aliens. The Attorney General is required to submit a report describing the status of the study 6 months after the date of enactment of the legislation and a final report 12 months after enactment.

—The President is required to monitor and evaluate the system of employment verification, and to the extent that the system is found not to be secure, is authorized to implement changes necessary to establish a secure system. A telephone verification system could not be implemented, however, until the President had given Congress 2 years' advance notification and the Congress had approved the change and appropriated funds for this purpose.

—The Comptroller General is required to investigate technological changes, including magnetic stripes, holograms and integrated circuit chips, that could be used to reduce the counterfeiting of Social Security cards and ways to reduce the potential for fraudulently obtaining and using Social Security cards. Authorizes the President to undertake demonstration projects. Under this provision, the President could presumably authorize a Social Security number verification demonstration project.

Public Law 99-643 (H.R. 5595), Employment Opportunities for Disabled Americans Act (Section 1619 and Other SSI Legislation)—Signed November 10, 1986

Section 1619 provisions:

Make permanent the provisions of section 1619 of the Social Security Act, which make special cash benefits and Medicaid coverage available to individuals who work despite severe impairments. The provisions of section 1619 were established as a demonstration project and were due to expire July 1, 1987.

Permit an individual to be eligible for a regular SSI benefit or for section 1619 cash or Medicaid benefits for any month subsequent to the month of initial eligibility under the regular SSI program based on his earnings and other income (the provisions in the SSI law which provide a trial work period and an extended period of eligibility would be repealed). A continuing disability review would be required within 12 months after the first month of an individual's eligibility under section 1619.

Permit individuals who have lost eligibility for SSI benefits and for the protections of section 1619 but who have been eligible for benefits under section 1619 within the last 12 months and who meet all nondisability-related eligibility requirements to be eligible for benefits under section 1611 or section 1619, as appropriate, without a continuing disability review as a prerequisite (except that a continuing disability review using the medical improvement standards in the Social Security Disability Benefits Reform Act of 1984 would be necessary for indivduals who, within the last 12 months, had been eligible under section 1619(b) and had earnings alone that precluded an SSI payment).

Provide that the value of publicly funded attendant care would be considered in the determination of whether an individual's earnings could provide a "reasonable equivalent of benefits," and that the data used in determining reasonable equivalents would be updated at least annually. In addition, impairment-related work expenses and plans for achieving self-support would be disregarded in determining such "reasonable equivalents."

Provide that an individual, who in the month prior to admission to a public medical or psychiatric institution was eligible under section 1619, will be eligible for the first two months throughout which he is in such institution providing that the institution agrees that it will not require the individual to use such benefits to offset the cost of care.

Provide Medicaid coverage for individuals in section 1619 status in those States that previously did not specifically cover section 1619 individuals. This allows a blind or disabled individual who resides in a State whose Medicaid plan uses eligibility rules that were in effect in December 1972 rather than SSI eligibility rules (a so-called "section 209(b) State"), and who was eligible for Medicaid in the month before the month in which he becomes eligible under section 1619, to continue to be eligible for Medicaid as long as he remains qualified for a benefit under section 1619.

Other provisions would:

Require SSA to notify adult disabled and blind SSI recipients of potential eligibility under section 1619 at the time of initial award if the beneficiary is age 18 or older and, regardless of age, when they report earnings of $200 or more and periodically thereafter.

Provide that SSI benefits due an individual at the time he died could be paid to a surviving, ineligible spouse (if no eligible spouse survives) or to a surviving parent if the eligible individual was a child, provided that the spouse or parent had lived in the same household with the individual within 6 months before the month of death.

Provide for continued Medicaid coverage for individuals who lose their eligibility for SSI because they become eligible for, or receive an increase in, Social Security benefits as "disabled adult children".

Provide that a State would not be required to apply the SSI rule that considers a couple sharing a room in a Medicaid institution as two individuals instead of as a couple if that rule disadvantages either spouse in determining eligibility under other programs (e.g., Medicaid).

HEALTH CARE FINANCING ADMINISTRATION

Long Term Care

The mission of HCFA is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 50 million aged, disabled, and poor Americans.

Medicaid and Medicare are the principal sources of public funding for long term care in the United States. The primary types of care reimbursed by these programs of HCFA are skilled nursing facilities (SNF's), intermediate care facilities (ICF's), and home health services.

HCFA's Office of Research and Demonstrations (ORD) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility, and management alternatives to the present Medicaid and Medicare programs. ORD also assesses the impact of beneficiary access to services, health care providers and the health care industry.

DEMONSTRATION ACTIVITIES

In 1986, HCFA continued and/or completed a number of demonstrations aimed at testing the effectiveness of community-based and in-home delivery systems for long term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs.

Studies and demonstrations also are being conducted to assess the impact of innovative reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem identification and policy decisions will be based.

Demonstration Projects and Initiatives—1986

NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION PROGRAM

This intradepartmental effort was launched in September 1980 in an attempt to test the ability of community-based long term care projects to address many of the inefficiencies in the existing long term care system and assess the factors which influence their structure. The program included the close cooperation of HCFA, the Administration on Aging, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) which was designated the lead agency in the effort. A steering committee of senior policy officials in these agencies was established under the chairmanship of ASPE to set broad goals and provide policy guidance regarding the program. A management team also was established, composed of senior staff in each participating agency, which had responsibility for providing technical direction and management on all aspects of the program. The National Long Term Care Channeling Demonstration Program included the following two components:

1. Operational Design

The term "channeling" refers to the organization or operating system required in a community to insure that a client receives the long term care serices he/she needs. Each project site in the national demonstration provided outreach/case finding, screening, comprehensive client assessment and case management.

Ten States were awarded contracts to participate in this demonstration program. Five States were designated as basic model projects in which channeling sites would provide only the core channeling functions: outreach, screening, assessment and case management. In addition, these sites were also awarded a specific amount of gap-filling service funds. The five basic model States are Maine, Kentucky, New Jersey, Texas, and Maryland. Sites in these States began serving clients in February 1982.

The remaining five States, Pennsylvania, Ohio, Massachusetts, Florida, and New York, were designated complex model projects. These projects modified the basic model approach by adding three program elements; expanded Medicare and Medicaid service coverage, authorization to approve reimbursement for services and limitations on per capita expenditures. By June 1932, the complex model sites began serving clients.

The demonstration continued to build its caseload and maintain operations through September 1984. At that time, the project began discharging clients and phasing out the demonstration. All demonstration activities ended on March 31, 1985. Project sites prepared detailed phase-down plans in order to ensure that appropriate alternative arrangements could be made for project clients.

2. Evaluation

A contract was awarded to Mathematic Policy Research, Inc. to conduct the evaluation. Mathematica collected uniform data from the 10 projects on client characteristics, outcomes, and service and administration costs. In addition, the evaluator assisted the projects in utilizing procedures for randomizing the potential population into experimental and control groups. The total research sample was comprised of 4,900 clients which included 2,100 control group participants. In 1983, Mathematica produced a process analysis report that described the early planning and implementation experience of the demonstration. A series of reports focusing on different outcome measures were completed in early 1986. The final evaluation report was also produced in 1936.

In general, although the evaluators found that Channeling served an extremely frail population, these individuals would not have entered nursing homes in the absence of the demonstration. As a result, Channeling increased the use and cost of formal community services and did not substantially reduce nursing home use, and total Medicare and Medicaid expenditures increased. The Channeling models were successful in reducing clients' unmet needs, increasing their confidence in receiving needed services, and increasing satisfaction with service arrangements. In addition, Channeling improved the well-being of family members providing information care in terms of satisfaction with care arrangements and overall life satisfaction.

These results are consistent with those of other community care demonstration which generally have found low rates of nursing home use among the populations served and insufficient nursing home cost savings to offset the increased costs of expanded case management and community services. In order for community care programs of this type to achieve reductions in overall long term care costs, our ability to more accurately "target" persons likely to enter nursing homes will need to be improved.

AFDC

The Aid to Families with Dependent Children (AFDC) Homemaker/Home Health Aide Demonstration was developed to study whether welfare recipients could be trained and employed to provide home care services to an elderly and disabled population considered at risk of institutionalization. Established by a provision in the Omnibus Reconiliation Act of 1980, this project was originally conducted in seven States (Arkansas, Kentucky, New Jersey, New York, Ohio, South Carolina, and Texas). The objectives of the demonstration were to reduce the welfare dependency of the AFDC recipients who participated in the program and to prevent or delay the institutional placement of the functionally impaired clients they served. Two potential cost-saving approaches were being tested. Since the project provided job training and employment to welfare recipients, it was hypothesized that total AFDC payments and other related costs, such as Food Stamps, would be reduced. It was also anticipated that the delivery of homemaker and home health aide services to individuals who needed this type of care would result in decreased institutionalization and a subsequent reduction in both Medicare and Medicaid expenditures.

The demonstration was implemented in January 1983. At that time, the States started recruiting and selecting AFDC recipients for training. They also began developing a referral network for identifying potential service clients. In order to measure the effects of the project's intervention, both the AFDC recipients and service clients were randomly assigned to either a treatment or control group. Those AFDC recipients who successfully completed a 4 to 8 week training class were offered employment as homemaker/home health aides under a 1-year subsidized arrangement with either a private nonprofit or public agency. During this period, the aides retained Medicaid eligibility for themselves and their families. The services provided by these aides were available to anyone who met the eligibility criteria designated by the legislation—elderly or disabled and at risk of institutionalization.

On September 30, 1986, the project ended in six of the participating States. New Jersey, however, Congressional authorization to continue the demonstration for an additional year. Since the beginning of the project, more than 4,000 AFDC recipients have been enrolled in the homemaker/home health aide training component. Demonstration services have been provided to almost 9,500 elderly and disabled clients. A final Report to Congress summarizing the results of the study is currently being reviewed.

TEXAS, "MODIFICATION OF THE TEXAS SYSTEM OF CARE FOR THE ELDERLY: ALTERNATIVES TO THE INSTITUTIONALIZED AGED"

The Texas Department of Human Resources (DHR) is in the seventh year of a demonstration project which is designed to reduce the growth of nursing homes in Texas while at the same time expanding access to community care services for needy individuals. The demonstration was initiated as a result of a State legislative mandate which required DHR to eliminate one of the two Medicaid intermediate care facility (ICF) levels of care (the ICF II level) and provide community-based services to deinstitutionalized patients. For individuals who are discharged, a care plan is developed and the necessary arrangements are made for in-home services through the appropriate community agency. The following services are provided under the demonstration: Medicaid Home Care Benefits, Medicaid Personal Care Benefits, Title XX Adult In-Home Services, and Section 1115 Waivered Community-Based In-Home Supportive Services.

Considerable progress has been made during the project's 6-year history. Of the 15,492 individuals in the ICF–II cohort group in March 1980, only 1,871 (or 12 percent) were still receiving ICF–II services in February 1986. Another 547 "Special IIs" were also receiving ICF–II services as that date. The institutional population decreased 17.2 percent from March 1980 to February 1986, from 64,864 to 53,721. The community care caseload has increased 35 percent, from an average of 35,589 clients in 1980 to 47,935 in the first half of 1985.

NEW YORK, MONROE COUNTY I AND II

Between 1976 and 1986, the New York State Department of Social Services has demonstrated alternative approaches to delivering and financing long term care to the adult disabled and elderly Medicaid population of Monroe county. The project has the Assessment for Community Care Services (ACCESS) model as a centralized unit responsible for all aspects of long term care for Monroe County residents 18 years of age or older who are Medicaid eligible with long term health care needs. ACCESS staff provides each client with comprehensive needs assessment and case management services. This Monroe County Long Term Care Project was expanded in 1982 to include case management and patient assessment services for the county's Medicare population in need of long term care. The addition of the Medicare project to the Monroe County Program enabled the project to work toward an integration of Medicare and Medicaid long term care services in the county and to simplify program administration. In 1986, the ACCESS Medicaid demonstration ended. The program was continued, however, under the county's regular Medicaid program. The Medicare demonstration was also scheduled to end in 1986, but legislation extended the project until July 1987. A HCFA-funded evaluation of the Medicare demonstration is scheduled to be completed in early 1987. The project plans to use the congressionally mandated extension to develop a more refined approach to targeting patients at high risk of institutionalization.

COMBINED HOSPITAL-POST HOSPITAL PAYMENT

A combined hospital and post-hospital prospective payment system has been development by the Rand Corporation under a cooperative agreement. This system would make hospitals the residual claimants for an entire episode of acute and subacute care. In return for somewhat higher DRG payments, hospitals would assume financial responsibility for hospital inpatient care, skilled nursing facility care, and home health care required by Medicare patients.

A final report on the design of possible demonstrations has been completed as well as an analysis of pre-PPS (calendar year 1981) data linking hospital, skilled nursing facility, and home health care episodes. A post-PPS (calendar year 1984) linked data set comparable to the 1981 data set is currently being constructed. ORD plans to mount a demonstration to test this payment system sometime in fiscal year 1988.

SOUTH CAROLINA COMMUNITY LONG TERM CARE PROJECT

The South Carolina Department of Social Services was awarded a Section 1115 grant in September 1979 to conduct a demonstration to test community-based client assessment, services coordination, and provision of alternative services. In September 1981, the project received Section 402 waivers to address the needs of project clients who are eligible for both Title XVIII and Title XIX benefits. It was hypothesized that the waivers would increase the use of home care services and, thereby, reduce reliance on hospitals and lower the incidence of conversion from Medicare to Medicaid in nursing homes. The project's catchment area covered three counties: Spartanburg, Cherokee, and Union.

The demonstration in December 1984 and all appropriate clients are receiving services through the statewide system that was implemented under the authority of Section 2176 waivers. The final report has been reviewed by experts in the field and currently revisions are being made by the State. We expect to receive a final report in early 1987.

STUDY OF ACCIDENTAL FALLS IN THE ELDERLY

In September 1984, a cooperative agreement was awarded to the Kaiser Foundation Research Institute to test the effectiveness of a comprehensive falls prevention program in reducing the incidence of falls and the associated medical care use and cost in an elderly population. The project is being conducted at the Health Services Research Center, Kaiser Permanente Medical Care Program in Portland, OR. Kaiser will be conducting a randomized study with its members age 65 and over in 2,400 housholds. Each person will be assigned to one of two groups: an intervention or a control group. Since data will be collected on all participants, each home will receive a preliminary safety assessment. Participants in the intervention group will be offered a special falls prevention program which will include a self-management education curriculum and the installation of safety equipment and minor renovations in the home. In addition, a control group of elderly Kaiser members will be included to measure the incidence of falls-related medical care use in the absence of project intervention. The project will collect data for a 24-month period of all participants. Funding support for this demonstration will be supplemented by the National Institute on Aging, the Robert Wood Johnson Foundation, and Kaiser Foundation Hospitals, Inc. The project completed recruitment of participants by April 1986 and is currently tracking all participants for 1 year.

IDENTIFYING INDIVIDUALS AT RISK OF INSTITUTIONALIZATION

The evaluation of the National Long Term Care Channeling Demonstration produced an extensive data base including client and informal support characteristics and cost and utilization information on 6,341 participants. Further analysis of the data has been undertaken by Mathematica Policy Research, Inc. to examine whether it is possible to make community care programs more cost-effective by defining the target groups more vigorously; that is, by limiting eligibility to those who are considered to be at high risk of nursing home placement or for whom the program is otherwise likely to reduce expenditures. This study is mandated by the Orphan Drug Act, Public Law 97-414 passed by Congress in 1983. In addition to the Channeling data, Mathematica is reviewing the findings of other studies to examine predictors of institutionalization. In 1986, a series of technical reports were completed and submitted to HCFA and ASPE for review and comment. A final report was submitted to the Department in November 1986 and is currently under initial review. It is expected that the report will be sent to Congress in early 1987.

THE SOCIAL/HEALTH MAINTENANCE ORGANIZATION DEMONSTRATION

A grant was awarded to the University Health Policy Consortium (UHPC) at Brandeis University in the spring of 1980 to develop and implement the concept of the Social/Health Maintenance Organization (S/HMO) for Long Term Care. The S/HMO is a capitation financed approach to the organization and delivery of health and social services in which an elderly population, including those at high risk of institutionalization, is voluntarily enrolled by a managing provider entity into an integrated service system. It is designed to address two of the most pressing problems in long term care: (1) the fragmentation of services, and (2) the fragmentation of funding sources. The concept promises to integrate health and social services as well as acute care services.

All basic acute hospital, nursing home, ambulatory medical care services and personal care support services, including homemaker, home health and chore services, are provided by or through the S/HMO at a fixed annual prepaid capitation sum. Other offered services include emergency psychiatric, meals (home delivered and/or congregate), counseling, transportation, information and referral. The provider either may employ staff or establish contracts with other providers of the services. In the S/HMO model, financial, programmatic, case decision making and management responsibility rests with the provider entity. The S/HMO provider is at risk for service expenditures and is responsible for brokering other needed services not covered but which are available from other community providers. Financial risk is defined as absorption of agreed-upon costs which exceed a capitation agreement. State and Federal Government share financial risk with the S/HMO's for the first 30 months.

It is hypothesized that the S/HMO will reduce the number of expensive institutional days for enrollees as well as encourage significant changes in utilization patterns.

Four sites were selected for participation in the demonstration, which was mandated by Section 2355 of the Deficit Reduction Act of 1984 (Public Law 98-369). They all use common assessment instruments, comparable experimental populations, compatible management information systems and a common evaluation strategy. The Kaiser Permanente, Northwest Region in Portland, OR. and the Ebenezer Society/Group Health Plan of Minneapolis, MN (Seniors Plus) are health maintenance organizations which have added long term care services to their service package. Elderplan Inc., sponsored by the Metropolitan Jewish Geriatric Center in Brooklyn, NY, and the Senior Citizen Action Network (SCAN) of Long Beach, CA are long term care providers which have added medical services to their packages.

One site, Seniors Plus, became operational on January 1, 1985. The other three sites commenced operations on March 1, 1985. During the first 2 years, the sites will attempt to reach an enrollment level of 4,000 participants per site.

An evaluation contract was awarded to the University of California, San Francisco (UCSF). The evaluation is designed to provide answers to questions about cost/benefit effects of a S/HMO, the effects of integrated care on the elderly and on service costs, the administrative feasibility of the S/HMO model compared with the fee-for-service model, and the effects on quality of care. The final Report to Congress will be completed by the summer of 1990.

INCENTIVE PAYMENTS FOR CALIFORNIA NURSING HOMES

The California Skilled Nursing Incentive Payment Project was designed to test a system of incentive payments as a means of encouraging skilled nursing facilities (SNF's) in San Diego to admit and provide quality care to severely dependent patients now being backed up in hospitals because of the amount and cost of care these patients require. Effective April 19, 1981, HCFA approved waivers of certain statutory requirements for this project so that the California Medicaid State Agency might set nursing home payment rates which exceed the Medicaid reasonable cost requirements by the amount of the incentive payments. The total funding for this project was paid through a contract between the National Center for Health Services Research (NCHSR) and a private firm, Applied Management Sciences, Inc. (AMS).

Under the demonstration, AMS randomly selected SNF's for the treatment and control groups. Based on periodic patient assessments by specially trained nurses, the 18 treatment group SNF's received admission, discharge, and outcome incentive payments (for achieving patient-specific outcome goals). The operational phase of the project lasted from May 1981 through April 1983. The evaluation found that during the demonstration: (1) the percentage of admissions for heaviest care patients increased, but the percentage of Medi-Cal patients decreased; (2) the number of discharged patients increased; (3) the achievement of outcome goals was not effected. These findings indicate that the incentive payments used in this project were not cost effective in producing an overall increase in the number of patients served or improving outcome goal.

HUD/HHS DEMONSTRATION FOR THE CHRONICALLY MENTALLY ILL

This demonstration project was a joint effort between the Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) to allow the chronically mentally ill to live more independently in the community through the provision of residential housing and services. Project coordination is carried out by an interagency work group from HUD and HHS, Health Care Financing Administration (HCFA), National Institutes of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation.

The current demonstration began in 1978 with HUD approving Section 202 Direct Loan Reservations and Section 8 Rental Assistance set-asides for sites in 39 States and NIMH approving the service program for each site. HCFA is committed to the provision of Section 1115 (Medicaid) waivers to permit reimbursement for services not currently included under the State's Medicaid plan. Of the 26 HUD-approved States that initially indicated their interest in requesting waiver approval, 12 States (Minnesota, Georgia, Tennessee, Vermont, the District of Columbia, New Hampshire, New Jersey, Rhode Island, Arkansas, Washington, Connecticut, and Maine) submitted applications and received Medicaid waiver-only grant approval by HCFA. The objectives of the waiver-only grants are to determine the cost-effectiveness of providing care to the chronically mentally ill in residential settings and to determine the increase in functional independence and quality of life of the residents. During the course of this demonstration, the waivers cover reimbursement for services at each site for a period of 2 years. By late 1987, all States will complete services under waivers.

CASE MANAGED MEDICAL CARE FOR NURSING HOME PATIENTS

On July 1, 1983, HCFA granted Medicare and Medicaid waivers to the Massachusetts' Department of Public Welfare, Medical Care Division, to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistant to residents of nursing homes. This permits increased medical monitoring that will generate cost savings due to fewer hospital admissions and hospital outpatient visits. For those requiring a hospital admission, the physician-supervisor will be the admitting physician, thus providing a continuity that is frequently lacking in the present system of medical care. Prior to this demonstration, Massachusetts conducted a pilot program in 10 nursing homes with medical services provided by the Urban Medical Group. This program has been expanded to serve a patient population of approximately 700 patients. In addition, other medical providers has been added and ultimately 6,500 patients are expected to be served by 14 providers (individuals or groups of physicians). The objectives of the demonstration are: to explore the feasibility and desirability of the use of nurse practitioners/physician assistant to provide medical care to residents of nursing homes and to test the cost effectiveness of this delivery system. A service utilization and cost evaluation is being carried out by the Rand Corporation. Quality issues are being addressed by University of Minnesota. A final evaluation report is due in mid-1988.

ON LOK'S AT-RISK, CAPITATED PAYMENT DEMONSTRATION

As of November 1, 1983, in response to the congressional mandate of Section 603(c) (1) and (2) of the Social Security Amendments of 1983, HCFA granted Medicare waivers to the On Lok Senior Health Services and Medicaid waivers to the California department of Health Services. Together, these waivers permitted On Lok to implement an at-risk, capitated payment demonstration in which 300 frail elderly individuals are provided a comprehensive array of health and health-related services.

Under On Lok's Community Care Organization for Dependent Adults (CCODA) demonstration that began in 1979 and ended on October 31, 1983, a single source, cost-based, reimbursement system (Medicare) was used to provide funding for all health and health-related services to On Lok's CCODA participants who were certified by the Department of Health Services as eligible for institutional placement at the time of admission. Reimbursement for services was provided by HCFA under Section 402 waivers.

The risk-based, capitation demonstration under Section 603 maintained On Lok's comprehensive community-based program but modified its financial base and reimbursement mechanism. All services were paid for by a prospective capitated rate from both Medicare and Medicaid (Medi-Cal). The Medicare rate was based on the adjusted average per capita cost (AAPCC) for Medicare's institutionalized population. Individual participants have been required to pay co-payments, spenddown income or divert their assets based on their financial status and eligibility for either or both of the programs. On Lok has been at risk if expenditures exceeded the capitated rates of both Medicare and Medi-Cal. This phase of the program was completed on October 31, 1986. Section 9220 of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) mandated On Lok's indefinite continuation. The program continues, as under the previous phase, as a Risk-Based Community Care Organization for Dependent Adults (RB-CCODA). Medicare payments have been adjusted in an effort to more accurately account for the frailty of the population served.

RESPITE CARE CO-OP FOR IMPAIRED ELDERLY

This study has developed a model cooperative to provide respite for family caregivers of impaired elderly. The model relies on volunteer family caregivers with a minimum number of paid staff to coordinate the process. The objectives are: to study the feasibility and cost of developing a model cooperative designed to prevent exhaustion of family members, to eliminate the need for more intensive and/or expensive care, and to prevent unnecessary institutionalization of the elderly. The model is envisioned as a cooperative committee composed of impaired elderly, their family caregivers and representatives from community agencies. The committee, with a program coordinator, works to establish policies and procedures and to recruit families to participate. Family members pay for care received with care given. The co-op model is professionally guided self-help and volunteerism, with the caregiver as both service provider and service recipient. The evaluation will document the process, and provide data to measure satisfaction and impact on well-being of clients and caregivers, cost-effectiveness and avoidance of use of more costly and restrictive living circumstances. The final report of the project is expected in early 1987.

THE EFFECTS OF ALTERNATIVE FAMILY SUPPORT STRATEGIES

This project is designed to study the effects of various support programs provided to families that care for their elderly members at home. The support programs include:

(1) paid respite care in various settings, up to a maximum yearly dollar limit per family,

(2) family training and case management, and

(3) paid respite care in conjunction with family training and case management.

The purpose of providing the support programs is to encourage and enable family members to maintain their role as primary caregivers in order to prevent or delay the permanent institutionalization of their elderly relatives.

The Long Term Care Center and the Institute of Aging of the University of Washington (Seattle, WA) are co-sponsoring the project, which will be offered in the King County area. To take part in the project, a dependent family member must be: (1) age 65 or over, and (2) entitled to Hospital Insurance (Medicare Part A) or eligible under the Medicaid program. Five providers participate in the project to offer families a choice of paid respite care: Families receive paid respite care up to annual maximum dollar limit per family ($881). The services provided within this limit are in-home care by home health aides or home helpers, institutional care in a skilled nursing facility, and adult day care.

The 541 families that participated in this project were randomly assigned either to one of several experimental groups receiving one or a combination of the support programs or to the control group. Families receiving paid respite care alone or the mix of paid respite plus training/case management services may use any combination of the paid respite care up to the maximum dollar limit per family. The service phase of the project began in April 1984 and continued through July 1986. The final evaluation report is expected in late spring 1987.

NURSING HOME SURVEY/CERTIFICATION AND INSPECTION OF CARE

There have been three States involved in Survey/Certification and Inspection of Care demonstrations. The Wisconsin Nursing Home Quality Assurance Project was completed in 1982. Under this experiment, the State performed a streamlined survey process that also met the requirement of medical and independent professional review in an attempt to improve the quality of nursing home care. The Massachusetts Survey-by Exception Project developed and tested a method of conducting nursing home surveys so that the intensity of the regulatory effort was matched to the needs of particular facilities. The New York State Nursing Home Quality Assurance Program tested the simplication of the federally mandated periodic medical review/independent professional review processes in nursing homes and combined the process with the annual facility survey. Surveyors used 11 sentinal health events (SHE), such as accidents, decubitus ulcers, and medication regimen to determine if nursing home patients are receiving adequate care.

Facilities found to have fewer than the average problems in these areas received a less than full facility survey. This allowed survey personnel to focus on facilities and patients with major problems. The State has indicated that it is taking more corrective actions than usual as a result of the new processes, but that fewer facilities are being cited for minor problems.

An evaluation of the Wisconsin project was conducted by Wisconsin Health Care Review, Inc. Further analyses of this project and the evaluation of the Massachusetts and New York projects have been performed under a contract with Mathematica Policy Research, Inc. The evaluation focused on the following policy issues:

(1) the reliability and validity of the new methods compared to the old ones;

(2) the effectiveness of the new methods in eliminating or sanctioning poor quality care; and

(3) the actual and potential cost savings of the method.

The evaluator found that in all three States, the total number of surveyor hours decreased with the implementation of the new method. However, time was not always reallocated to poorer quality hours. The report also states that less deficiencies were cited under the new methods, but the severity of the findings was higher in all three States. The final report is available through the National Technical Information Service.

In addition to these demonstrations, the Massachusetts Statistical Quality-Control Approach to Inspection of Care Project began in February 1983. The main objective of the project was to verify that patients in nursing homes are receiving appropriate care at the appropriate level, without reviewing every patient. Current law requires a review of all patients in a facility to verify the appropriateness of care and placement. This project used statistical sampling techniques to achieve these goals so that surveyor time could be reallocated to other quality assurance activities. Criteria have been developed for determining which facilities are appropriate for the sampling process. The procedures for sampling patients, including safeguards to control statistical biases, have been refined. The project became operational in August 1983 and was completed in 1986. The final report, including the evaluation, will be submitted December 1987.

NEW YORK STATE CASE MIX PROSPECTIVE REIMBURSEMENT SYSTEM FOR LONG TERM CARE

The New York State Department of Social Services was awarded a Section 1115 grant, effective August 7, 1983, to develop, test and refine a long term care prospective payment system based upon clusters of patient characteristics. This grant is being conducted by the New York State Department of Health and Rensselaer Polytechnic Institute. The system built upon the results of research conducted at Yale University which developed clusters of patients in relation to staff resources used (Resource Utilization Groups, RUGS). The purpose of the project is to promote efficiency by associating payment levels with patient characteristics which indicate the amount of actual services needed by patients.

The first step of the project was to validate the RUG's by determining whether additional or different patient clusters are appropriate for New York. Data was collected on 3,429 patients and staff from 51 facilities stratified by level of care, ownership, region, size, current case mix intensity and a willingness to participate in the project. From these data, patient groups were developed using AUTOGRP (a clustering program). These patient clusters were compared to those derived at Yale, using Klastroin's techniques to demonstrate whether the same patients would be grouped in the same RUG under each system.

The second step was to analyze the nursing home resource consumption in relation to the new patient classification system. The analyses allocated total facility costs into those categories which are related to case mix and those which are not. Data from certified facility cost reports and other sources were used to calculate a dollar value per relative value unit for each RUG or case mix index value.

The third and final step in the development phase was to translate the case mix and cost information into a payment system. The State prospective payment rate incorporates: case mix intensity, fixed cost of the group of services shared across all residents, and overhead expenses related to facility characteristics. This new payment system was phased-in over a 5-month period for all nursing homes in New York State starting January 1, 1986.

Each State has different goals when it changes a payment system. New York's goals for the RUG's II system were to change the admissions patterns of nursing homes, increase the rehabilitation services provided, and establish greater equity in the payment rates. Preliminary evaluation of over 500 nursing homes indicate each of these goals has been met. The admission patterns have changed to follow the payment system incentives. Facilities with low payment rates under the old system have increased staffing significantly more than the average nursing home under the new system. The final report should be available mid-1987.

NEW YORK STATE QUALITY ASSURANCE SYSTEM FOR RESIDENTAL HEALTH CARE FACILITIES (NYQAS): THE NEXT STEP AFTER CASE MIX REIMBURSEMENT

In November 1985, New York submitted an application to develop a quality assurance system which would link the State's new case mix generated patient data base with an integrated survey/certification and inspection of care (IOC) process. The project evolves from two separate Section 1115 demonstrations which have been completed; an integrated survey/certification and IOC process utilizing Sentinael Health Events (SHE) to identify areas that need review during a facility visit and a case mix reimbursement system which has now been implemented statewide under the State Plan.

The case mix reimbursement system utilizes a data base which includes audited, patient-specific data which can be used to anticipate and prevent any negative impact on quality of care. The new integrated system features computerized screens which will be used to target patients and facilities with potential problems, abbreviated survey for "good" facilities, and off-cycle surveys for "bad" facilities. It is anticipated that the new system will permit more efficient use of surveillance resources. The project is currently in a development phase.

TEXAS LONG TERM CARE CASE MIX REIMBURSEMENT PROJECT

The Texas Department of Human Resources was awarded a Section 1115 cooperative agreement effective September 30, 1984, to develop a prospective payment system for nursing homes based on facility case mix. The payment method will be designed to match payment rates more closely to patient characteristics and service requirements than the present flat rate system. The project will build upon the methodologies developed in New York and other States. The purpose is to contain costs while restructuring financial incentives to allow Medicaid patients improved access and quality of care.

As a first step, Texas developed the data collection methodology, including a patient assessment instrument to collect patient characteristics and staff time comparable to New York's information. Data were collected and analyzed on 1,990 patients and staff from 40 facilities stratified by certification type, ownership, size, current case mix intensity and willingness to participate in the project. Project staff have modeled the New York RUG's II, Maryland, and Minnesota case mix-classification systems using the Texas patient characteristic and staff time data. Texas' current level of care systems only explained 19 percent of the staff time variance. All three of case mix metodologies explained much more of the staff time variances: Maryland, 32 percent; Minnesota, 37 percent; New York, 44 percent. The State is currently using statistical methods for grouping patients (including AUTOGRP and Grade of Membership) to develop a Texas index.

The next step will be to analyze the desired nursing home incentives in relation to the patient grouping methods. Following this, selection of a classification and payment system will be made and a demonstration project will be designed to compare cost containment, patient access and quality of care to the present system.

DESIGN, IMPLEMENTATION, AND EVALUATION OF A PROSPECTIVE CASE MIX SYSTEM FOR NURSING HOMES IN MASSACHUSETTS

This project will design, implement, and evaluate a prospective case mix system for a random sample of nursing homes in Massachusetts. This payment system will develop and test incentives for these nursing homes to admit and treat heavy care patients while minimizing declines in quality of care. Experimental facilities will be compared to facilities that will continue to be reimbursed under the present system. A minimum of 50 experimental and 50 control homes will participate.

The system will modify four of seven components of the nursing home reimbursement system currently used in the State. For demonstration facilities, nursing services payment will be case mix adjusted using "management minutes." Incentives to admit and treat heavy care patients will be used to further modify the nursing cost center. Various financial incentives will also be used to reduce other "controllable" operating costs.

The cooperative agreement was awarded in August 1986 for the first of 3 project years. During the first year, project staff will finalize aspects of the proposed payment system, assign volunteer nursing homes to the experimental and control groups, and improve their quality assurance mechanisms.

A LONGITUDINAL STUDY OF CASE MIX OUTCOMES AND RESOURCE USE IN NURSING HOMES

The Brown University, Long Term Care Gerontology Center is conducting a study of natural histories of patient outcomes for subgroups of nursing home residents, that will parallel the development of case-mix payment systems. The objectives are:

—to create a typology that classifies residents into subgroups based on characteristics at admission;
—to measure patterns of outcomes for subgroups;
—to provide a quality of care link between case mix and costs; and
—to develop a basis for an outcome-oriented quality control system compatible with many reimbursement systems.

Two large files of longitudinal data on skilled nursing facility and intermediate care facility residents will be used. One data base has resident data from facilities in 11 States, the other one includes 53 facilities with 6,600 beds in 12 States. In addition, three crosscutting files with staff time information as well as resident characteristics, and three longitudinal files covering 2 years of data for Medicaid patients in three States will be used. The project will have four overlapping phases over 3 years. The first includes obtaining and preparing the data from various data sources for analyses. The second involves basic descriptive analyses including the development and validation of a clinically meaningful, outcome-oriented, case mix classification for different subgroups. The third involves multivariate and facility-level analyses to assess the stability of the models and the sensitivity of results to variation in patient group composition, staffing, facility ownership, and/or State regulatory system. The fourth phase involves report preparation and dissemination of the results regarding natural histories of patient outcomes for different subgroups of the nursing home population. The project began in September 1985. The reserarch design has been finalized and includes identification of the data bases and samples that will be used for various parts of the study.

INPATIENT GERIATRIC RESEARCH CONTINENCE PROJECT

The Gerontology Research Center (GRC) of the National Institute on Aging (NIA) is conducting a demonstration to test whether providing bowel and bladder training to incontinent skilled nursing facility (SNF) patients can reduce the cost of caring for the patients. For the past several years, GRC has conducted a clinical study on ambulatory outpatients who suffer from bowel and/or bladder incontinence. The procedure used to assist these patients in achieving bowel or bladder control utilizes biofeedback and other behavioral modification techniques. The use of this training showed marked improvement in the majority of the patients in the study. Under joint funding from NIA and HCFA, GRC is testing whether these and other training procedures will be as effective on an inpatient basis with SNF patients. The demonstration, which is funded for 3 years, began admitting patients to a special 13-bed unit in December 1985.

FUTURE DIRECTIONS FOR LONG TERM CARE DEMONSTRATIONS

During 1986, HCFA devoted substantial staff resources on the further development of demonstrations to test the cost-effectiveness of prospective payment systems for nursing homes and the initial development of quality measures to improve the quality of care in nursing homes and home health agencies.

We will continue to test alternative financing schemes for long term care services, including patient-related or case mix based prospective payment and competitive bidding systems for skill nursing facility and intermediate care facility levels of care. We also intend to test the effectiveness of innovative State, local, and private programs to promote home care by the family or by other community support arrangements, such as in-home or other support services (adult day care, adult foster care, or shared housing) which substitute for or deter the use of institutional care for persons in need of long term care services. At the same time, we will continue to develop and test new approaches to more accurately "target" persons likely to enter nursing homes in an effort to direct services to those most in need in a cost effective manner. We also will develop and test outcome measures of quality for nursing home and home health services and the applicability of using payment generated data to monitoring quality.

As of result of the Omnibus Budget Reconciliation Act of 1986, HCFA will be developing demonstrations aimed at providing effective and cost-effective care to Alzheimer's disease patients and chronically mentally ill individuals residing in the community. We will also be developing a demonstration testing prior and concurrent authorization of Medicare post-hospital extended care services.

Long-Term Care

RESEARCH ACTIVITIES

Long term care research activities in the ORD can be classified according to five objectives: developing prospective payment systems for long term care; promoting alternatives to long term care; assessing and evaluating long term care programs; examining the effect of the hospital prospective payment system on long-term care providers; and supporting data development and analyses.

PROSPECTIVE PAYMENT

In the area of prospective payment, an Urban Institute study is analyzing alternative approaches to prospective payment for Medicare skilled nursing facilities (SNF's) and has investigated administrative factors that affect the efficiency of patient-related, rate-payment systems. Analysis of the Medicare cost reports of skilled nursing vacilities has shown that several proxy measures of case mix are important factors in explaining differences in SNF per diem costs. Higher costs are associated with a greater percentage of Medicare days, a higher number of admissions per bed, and greater nursing hours per inpatient day. These factors may indicate facilities with a greater orientation towards the short-term, rehabilitative Medicare patient. This project provided much of the technical analysis contained in the report "Study of the Skilled Nursing Facility Benefit Under Medicare," that was submitted to the Congress in January 1985. Additional analyses are continuing through mid-1987.

Other studies related to prospective payment include analyses of case mix differences and their incorporation into payment systems and analyses of State Medicaid payment systems.

Case-Mix Studies

The escalation of nursing home expenditures and the demand for services make it essential that methods be developed which ensure that long term care resources, which will become increasingly scare, be properly matched with those most in need. The current payment system has been criticized for failing to differentiate according to the resources consumed by each nursing home resident, e.g., payment is the same for patients having less intensive needs compared to patients with "heavy care" requirements. This has resulted in problems of access to care for the latter group of patients. In order to solve this problem, appropriate systems to quantify the long term care needs of the elderly patient are required.

A variety of methods, including case-mix, have been designed which evaluate resource consumption of nursing home patients with the goal of developing more appropriate payment systems. A University of Colorado study has provided case-mix comparisons of Medicare and other nursing home patients and comparisons of patients in hospital-based on freestanding nursing facilities. Detailed results are presented in a paper, "Nursing Home Case-Mix Differences for Medicare Versus Non-Medicare and Hospital-Based Versus Freestanding Patients", which was published in the Summer 1985 issue of *Inquiry*. Other study findings on case mix issues have been published in ***Health Services Research*** (October 1985) and ***Medical Care*** (June 1986).

In its final year, the project will assess the cost effectiveness of nursing home and home health care for patients with the following problems: stroke, decubitus ulcers, congestive heart failure, urinary incontinence, and mental problems. Emphasis is being placed on comparing outcomes for these patients over time in hospital-based and freestanding nursing home care and those in nursing homes versus home health care. A report on this analysis is expected early in mid-1987.

A Yale University project is refining their earlier work in the correlation between long-term patient characteristics and the resources required for their care. The purpose of this research is ultimately to refine resource utilization groups (RUG's) and design a case-mix system which could provide a basis for differential payments to nursing homes based on the intensity of services consumed by groups of patients with similar care needs. These payments potentially could include nursing costs and costs of rehabilitative services, such as physical and occupational therapy. This project is attempting to correct some deficiencies in the original RUG's, e.g., the inclusion of some process variables, instead of just clinical variables, and reliance on subjective estimates of staff time. Unlike the prior project, it will take into acount the rate at which patients' conditions change. A draft final report was received and reviewed. The final report for this project is expected in early 1987.

Using a data base that contains information on the characteristics and resource consumption of 1,800 Medicare patients, researchers at Rennselaer Polytechnic Institute are developing a patient classification system for Medicare SNF patients. The role of diagnostic variables and service/treatment variables as part of the classification system are being evaluated. This project will also begin work developing relative case mix weights for each classification and methods for HCFA to use in computing total weights for all resources within long-term care facilites. Lastly, this project compares the Medicare classification system to the case mix system developed for long-term care in New York State (this project is discussed in the section on demonstrations). Data collection for this project has been completed and development of the Medicare RUG's is underway. Initial findings indicate that the Medicare RUG's will differ somewhat from those developed for Medicaid patients in the New York project. The final report for this project is due in February 1987.

Medicaid Payment Studies

Several States are currently using different methods of nursing home payment for Medicaid patients, some of which incorporate case-mix. Studies are underway which are evaluating the design and implementation of these systems and their effectiveness in achieving the goals of containing costs, maintaining or improving quality and ensuring access.

The University of Colorado has a 4-year grant to compare long term care payment systems in seven States. West Virginia, Ohio, and Maryland will be used as examples if case mix States. Florida and Colorado will be studied as States with facility-specific prospective systems that do not incorporate case mix directly but still treat direct patient care costs separately from other cost centers. Texas and Utah will be used as States that utilize class rates for either the entire payment rate or the non-capital rate components. Data sources for this study include primary data gathered from the facilities and from patient samples, as well as secondary sources such as cost reports. Results are expected in 1988.

The University of Southern Maine is studying the recently implemented nursing home prospective payment system in Maine. The study will conduct a 3 year preprospective payment and 3 year post-prospective payment impact analysis on cost, quality and access. Results are expected in mid-1987.

PROMOTING ALTERNATIVES IN LONG TERM CARE

Research activities in this area can be classified into two major divisions: community-based alternatives to institutional care; and alternatives to curent financing mechanisms of long-term care.

Community-Based Alternatives

While nursing home care is appropriate for a small subset of the elderly population, evidence indicates that a substantial proportion of those who have been institutionalized could have continued to reside in the community with adequate support. Most aged persons with functional limitations prefer to remain in the community as long as possible. Noninstitutional approaches are being developed with the objectives of avoiding or delaying unnecessary institutionalization, maximizing the independence and well being of the elderly, and providing care in the most cost-effective manner.

Current studies focusing on community-based alternatives to institutional care include such issues as family caregiving, utilization of home health services, determinants of public and private contribution in long term care provision.

A study by Abbott Northwestern Hospital is replicating the methodology used in another HCFA funded study (Hunter College, 1982) to examine the family caregiving system of the elderly in Minnesota. Unlike the Hunter College project, the sample for this study will be drawn from hospital patients rather than from clients of home health and other community based agencies. It will also include rural as well as urban residents. Detailed data has been collected on the caregiving experiences of families of disabled elderly which will permit this project to assess the impact of formal support systems, such as health and social services, on the provision of home care. This study also includes a nursing home sub-study in which date were gathered on 150 hospital patients who were discharged to nursing homes and their caregivers. A draft final report for this project is currently being prepared. The final report is due is June 1987.

The University of Maryland is examining determinants of public and private contributions of long term care of the elderly who are disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home. The results are expected in late 1987.

Alternative Financing Mechanisms

With the rapid escalation of public expenditures for long term care and the projected growth in the elderly population, many different alternatives to current financing mechanisms are being investigated. Two studies are being conducted which are examining the potential for increased family support, either through tax incentives or cost sharing under family responsibility laws. The market for long term care insurance is also being assessed. Another area being examined is the use of life care centers as a private financing mechanism for long-term care services. HCFA's interest is whether Medicare and Medicaid service use and costs are lower for life care residents than for comparable community residents.

In the first study, the Center for Health and Social Services Research is evaluating four State tax incentive programs (Idaho, Iowa, Arizona, and Oregon). The purpose of this project is to study selected State tax incentives that are believed to stimulate the informal caregiver system and reduce either current or anticipated demands on the formal long-term care system. Specific objectives are: (1) to describe and analyze tax incentives that have been implemented in selected States; (2) to develop a predictive model to identify those persons in the general elderly population and their informal caregivers who are likely to take advantage of tax incentives; and (3) to determine the potential impact of the tax incentive programs in preventing or delaying institutionalization. Results are expected by mid-1987.

The second study by the Hebrew Rehabilitation Center for the Aged studied the potential of alternatve payment schemes for long term care by adult children of elderly. In particular, the market for long term care (LTC) insurance was assessed. The study found that there was considerable interest expressed by children of the elderly in the purchase of LTC insurance for their parents, with 52 percent willing to pay for such insurance were it to become available. Study findings concerning the potential market for long-term care insurance indicate that there was a number of differences between children who were interested and those who were not interested in purchasing nursing home insurance for their parent(s).

Children who were interested in buying LTC insurance for their parents were more likely to consider themselves the primary caretaker of their parent; more willing to have their parent move in with them; less confident that family and friends could provide more help if needed; and more likely to indicate a willingness to pay for outside help for their parent if necessary. The research also: (1) provided an estimate of children's resources available to share in the costs of long term care; and (2) assessed the attitudes of those children toward family responsibility proposals for sharing long term care costs.

In the life care area, Duke University conducted a study which compared life care residents with community residents over time with respect to functional status and health service utilization and costs. The study analyzed existing longitudinal data collected from a life-care facility in North Carolina and from the General Accounting Office survey of elderly people in Cleveland, OH.

The study found that life-care residents had increased social interaction, improved mental health, were in comparatively poorer physical health at entry than were community residents, but maintained their self-care capacity despite physical health declines. When first surveyed, the life-care residents and community elderly used similar services to a similar extent. A year later, service use changed little for community elderly, but life-care residents had notable increases in use of the kinds of services provided by the life-care facility-social/recreational, homemaker/household, checking, meal preparation, continuous supervision, personal care, physical therapy, and nursing care. Overall, service costs for life-care facility residents are significantly higher. But, when viewed in terms of functional equivalence, the service costs for life-care residents whose functional status improved during the 12-month period or remained unimpaired were typically lower than costs for comparable community elderly. When functional status remained or became impaired, life-care residents' costs were typically higher than those of community elderly. The researchers concluded that a more adequate sample needs to be studied in order to solidify the quantitative relationships between service use, service cost and functional class.

The Hebrew Rehabilitation Center for the Aged is evaluating life care communities. Major issues which this study will address are: (1) the types of elderly that enter life care communities; (2) the costs of services within the various types of life care communities and their comparison with costs of services within the community; (3) the differences in the use of formal health care services between elderly residents of life care communities and a similar population living in the community; and (4) the comparison of life satisfaction and longevity among the elderly in life care communities and among community-based elderly.

Data will be gathered from 20 life care communities in four States (Arizona, California, Florida, and Pennsylvania). Three types of life care community residents will be sampled: new admissions, existing tenants and tenants who died just prior to the data collection period. For all but the termination sample (where there is a separate questionnaire), quality of life and service utilization data will be gathered for two points in time. Three types of comparison samples of elderly living in the community will be used. Results are expected in 1980.

PROGRAM ASSESSMENT STUDIES

Medicare Studies

Another group of research studies investigate specific aspects of Medicare long-term care policies. For example, as requested by Section 904C of the Omnibus Budget Reconcilation Act (OBRA) of 1980, the University of Colorado is conducting the evaluation of the "swing-bed" program under Medicare and Medicaid. The swing-bed option is open to hospitals with fewer than 50 beds located in rural areas with a shortage of long-term care resources. Among the issues to be examined in this evaluation are: the effect of such programs on availability and effective and economical provision of long term care services; whether such programs should be continued and whether eligibility to participate in the program should be extended to other hospitals, regardless of bed size or geographic location, where there is a shortage of long-term care beds. Results are expected in early 1987. A subsequent supplement of this evaluation assessing the impact of the prospective payment system (PPS) to hospitals on the swing-bed program will be incorporated into the annual PPS impact report for 1988.

ORD completed work on three studies concerning coverage and reimbursement of home health services. Two studies, mandated by Public Law 96-499, the Omnibus Reconcilation Act of 1980, assess Medicare home health coverage for respiratory therapy and registered dietitian services. The third study, mandated by Public Law 97-414, analyzes current and alternative payment methodologies for home health services. All three studies were submitted to Congress during 1986. In the respiratory therapy and registered dietitian reports, the Department recommended the continuation of present Medicare coverage while the Department of Health and Human Services continues to develop and test alternative home health reimbursement methods which will encourage the use of home health services which are beneficial and efficient.

In October 1982, Congress expanded the Medicare benefit structure to include hospice care and created a new type of provider—hospices. The hospice benefit was originally authorized only to October 1986. In April 1986, the expiration provision was removed, making hospice a permanent Medicare benefit and also an optional Medicaid benefit. HCFA is evaluating the program experiences with the hospice benefit. Studies are addressing the issues of whether the coverage provisions of the benefit and the reimbursement methods are fair and equitable and promote the most efficient use of hospice care. The evaluation will analyze hospice costs, Medicare expenditures for hospice services, and the impact on the use and expenditures for other Medicare-covered benefits. A Report to Congress prepared by the Bureau of Eligibility, Reimbursement and Coverage was submitted in November 1986. A more comprehensive research report to be prepared by ORD is scheduled for February 1987 and the final planned research report is for February 1988.

Medicaid and Other Public Programs

In recent years, a number of different programs have been initiated by State and Federal Governments to improve the delivery and financing of long term care services. There are several projects underway to assess such programs.

The University of California at San Francisco will examine the effects of State Medicaid discretionary policy actions since 1981 and their effects on program utilization and expenditures for the nursing home market. It is a follow-on to a study previously funded by HCFA. The new study will update the existing data base and focus on both the aged and the disabled Medicaid populations who use these facilities. Results are expected in late 1987.

Another program assessment study involved the mentally retarded and developmentally disabled (MR/DD). The intermediate care facilities for the mentally retarded (ICF/MR) was one of the fastest growing benefits in the Medicaid Program in recent years. The University of Minnesota updated the only national information system on long term care services for the mentally retarded and developmentally disabled. National surveys of residential facilities and State statistical offices were conducted to monitor deinstitutionalization trends. The final report from this project has been received. Findings indicate that States vary remarkably in the total size and characteristics of their ICF/MR programs, in the proportion of their residential care systems certified for the ICF/MR program, and in the growth/reduction of their ICF/MR programs between 1977 and 1982. ICF/MR expenditures (both Federal and State) were the fastest growing component of both State residential care and Medicaid long-term care expenditures. Early increases in ICF/MR expenditures (pre-1977) were due more to increases in total recipients of care than to increases in per recipient costs. Later increases have been due primarily to increases in per receipient costs. About 70 percent of the increase in program costs from 1977 to 1982 can be attributed to increasing per diem costs. Other findings were that the ICF/MR population is more severely impaired than it was in earlier years and that there is a continuing trend toward less institutional models of care. In order to gain further insights into this beneficiary population and the operation of the program, HCFA and the National Center for Health Services Research and Health Care Technology Assessment (NCHSR) are sponsoring the 1988 National Medical Expenditure Survey (NMES). This survey will obtain data on a sample of residents in ICF/MRs and mentally retarded persons living in other group care arrangements. The data will include information on individual characteristics, their use of services, and the facilities in which they live. This is discussed further in the section on Longitudinal Surveys and Analyses.

In 1983, HCFA's Office of Research and Demonstrations began an evaluation project to assess the changes made in the Medicaid program as a result of recent legislation. The Medicaid Program evaluation focuses principally on program changes since the Omnibus Budget Reconciliation Act (OBRA) of 1981, an Act which considerably increased State flexibility in determining eligibility, reimbursement, and coverage under the program.

Issues for study were selected by interviewing over 40 Medicaid policymakers regarding evaluation needs. The key components of the evaluation are:

a. Home and Community Based Waiver Program

Under Section 2176 of OBRA 1981, States under a waiver may institute a variety of home and community based services to individuals who "but for" the waiver would be in long-term care institutions. The major questions are: (1) Has the program reduced institutionalization? (2) Has the program reduced costs? (3) Has there been cost shifting from other programs, specifically Title XX of the Social Security Act and Title III of the Older Americans Act? (4) Can we identify the elements of a successful program? This phase of the evaluation is being conducted by LaJolla Management, Inc. A Report to Congress on preliminary results of the evaluation was completed in 1985 and is available.

b. Financial Incentives for Family Care

Several States provide financial support through direct payments or tax incentives to family members to help them to care for their elderly relatives in the home. The major questions are: (1) What programs are in operation? (2) What have been their costs and savings? (3) Who are the beneficiaries of such programs, and what are their characteristics? (4) What are the characteristics of functionally limited persons living in the community which permit them to avoid institutionalization? (5) What are the characteristics of successful programs? Systemetrics, Inc. and LaJolla Management, Inc. are conducting this part of the evaluation. A working paper entitled "Shared Obligations" has been completed and is available.

c. Inpatient Hospital Reimbursement

To help bring hospital costs under control, OBRA 1981 granted the States new flexibility in the establishment of inpatient hospital reimbursement methods. Major questions are: (1) What responses have States made to the options permitted by Federal law? (2) Have reductions in expenditures resulted? (3) Specifically, what has been the impact of the California program? Two other State programs will be studied for comparison. (4) What have been the effects on recipients and providers of care? (5) Have costs been shifted to private payors? (6) To what degree and in what ways has the implementation of Medicare prospective reimbursement impacted State Medicaid Programs? Abt Associates is conducting this part of the evaluation.

d. Freedom of Choice Waivers

Under Section 2175 of OBRA 1981, States may institute a variety of programs (with and without waivers) to reduce costs by limiting the provision under Medicaid which guarantees freedom of choice of provider. Major questions are: (1) How have the States responded to this provision? (2) Have there been program savings? (3) How have access to and quality of health care been affected?

e. Eligibility

OBRA 1981 contained several changes which directly and indirectly reduced the number of persons eligible for Medicaid. The major questions are: (1) How have the States responded to these provisions? (2) How have eligibility changes in related programs (AFDC and SSI) affected Medicaid enrollment? (3) How have entitlement and expenditures been affected? (4) How has the reduction in Medicaid coverage affected other assistance programs, out of pocket expenditures, and costs to hospitals and other payors? A working paper called "Medicaid Eligibility: A Descriptive Report on OBRA, TEFRA, and DEFRA Provisions and State Responses" is available.

f. Cost-Sharing

Under TEFRA 1982, States are permitted to impose nominal copayments, with certain limitations, to reduce program outlays and to instill cost-consciousness on the part of the recipients. Major questions that arise are: (1) How have the States responded and (2) What has been the effect of copayments on utilization and costs?

g. Federal Financial Participation

OBRA 1981 provides for the reduction of Federal matching funding for 3 years, beginning October 1, 1982, subject to certain exemptions. The major questions are: (1) Which States were exempted from the reductions and for what reasons? (2) How much did the Federal Government save? (3) How did the States adjust to reduced funding? Several working papers, including "The Effects of the 1981 Omnibus Budget Reconciliation Act on Medicaid" are available.

h. Subsequent Legislation

The principal legislative change since OBRA has been Medicare prospective payment. Impacts on Medicaid will be addressed.

i. Synthesis

A final task of the evaluation will be an interpretive synthesis of the study results.

Evaluation components d. through h. are being conducted by James Bell and Associates. The project will produce reports in the form of working papers on all studies. The completed Synthesis Report and all working papers are expected to be available early in 1987.

Expansion of the Role of Nurse Practitioners

HCFA is also investigating the expanded role of nurses in the long term care area. A study by the Rand Corporation is evaluating the potential of the use of geriatric nurse practitioners (GNP) for improving outcomes of care and containing costs in skilled nursing facilities. Rand is assessing this potential by evaluating effects of the Mountain States Health Corporation's GNP demonstration project. Thirty nursing homes that have a GNP are being compared with 30 nursing homes that did not have one on four points—patient outcomes, process of care, nursing home costs, and history of certification deficiencies. Results of this study will be available in 1987.

IMPACT OF HOSPITAL PROSPECTIVE PAYMENT ON THE LONG TERM CARE SYSTEM

The hospital prospective payment system (PPS), based on fixed payments for diagnosis-related groups, provides incentives to limit costs for each Medicare patient by controlling the amount of services provided or limiting the hospital length of stay or both. Such incentives can potentially affect the long-term care system in several ways. Hospitals may respond by shifting care to settings outside the hospital. This shift to other settings may be appropriate for those with less intense service requirements and may result in cost savings for the health system. However, it is also possible that patients may be prematurely discharged from the hospital and the alternative settings may not be able to serve these patients' needs adequately. There may not be overall cost savings because of a greater number of patients being discharged to long-term care settings and more intensive services being required. Several studies have begun which examine effects of the hospital PPS on long-term care providers and on patients discharged to these settings.

The purpose of study being conducted by Georgetown University is to (1) determine how much the hospital PPS shifts care from the hospital to skilled nursing facilities (SNF's) and to home health providers; and (2) analyze the impact of this shift on total costs to Medicare and on changes in SNF characteristics that are likely to increase use by Medicare beneficiaries in the future. Medicare claims will be analyzed to determine how PPS has affected total service use (hospital, SNF, and home health) and costs for hospitalized patients. In addition, SNFs will be surveyed to identify changes in nursing home patients, services and market structure likely to affect Medicare use. The survey will be supplemented with data from the Medicare Medicaid Automated Certification System, SNF cost reports and other sources, Results of the nursing home survey will be available in 1987 while the results of the Medicare claims analysis are expected in 1988.

The study entitled *Changes in Post Hospital Use by Medicare Beneficiaries* is currently being conducted by Abt Associates as part of the Prospective Payment and Analytical Support Studies contract. The purpose of this study is to examine Medicare post hospital use pre- and post-PPS implementation to determine whether any changes have occurred. Using existing Medicare data for the period 1980 through 1985, the study will examine SNF, HHA, and physician use patterns. The study will be patterned after recommendations made in a recent GAO report suggesting use of interrupted time series analysis of post hospital care. Results will be available in mid-1987.

While exploring the feasibility of doing a demonstration for prospective payment combined hospital/post-hospital DRG payment, the Rand Corporation is developing a Medicare data base linking hospital, skilled nursing and home health care episodes during 1981 and 1984–1985. This data base will permit analyses of changes in post hospital care since implementation of PPS and will be available in mid-1987.

In June 1985, the scope of the evaluaton of the swing-bed program being conducted by the University of Colorado was expanded to include an assessment of the impact of the hospital prospective payment system (PPS) on the program. The swing-bed concept directly affects the continuum of care decisions at the hospital/skilled nursing facility interface. It is at that point where the effects of PPS are most likely felt. Expanding the scope of the original evaluation will provide a focused analysis of the effects of PPS at this point of impact. Since the institution of PPS, there has been a rapid growth in the number of hospitals offering swing-bed services. The report on this aspect of the evaluation is expected in November 1987.

Two other University of Colorado studies are also addressing these issues. One will collect case mix data during 1986 to permit an analysis of changes in nursing home and home health case mix since the introduction of the Medicare prospective payment system for hospitals in 1983. In 1983, the University of Colorado sampled 600 patients in high-volume Medicare skilled nursing facilities in five States (California, Pennsylvania, Ohio, Michigan, and Texas), and 600 non-Medicare patients in hospital-based and freestanding nursing homes in 10 States (Arkansas, California, New York, Michigan, Minnesota, Colorado, Florida, Virginia, Pennsylvania, and Ohio). The 1983 data will serve as baseline case mix information for comparison with the 1986 data. The study results are expected in early 1987. The other study will examine patient-level process indicators of quality of care provided to SNF and home health patients before and after PPS. It would also assess pre-post PPS differences in patient care practices and outcomes as reported by providers of patient care.

The *Health Status at Discharge Research Project* is nearing completion under the auspices of the Northwest Oregon Health Systems (NOHS) Agency. The purpose of this cooperative agreement is to develop and test an instrument for measuring dependency at the time of hospital discharge based upon medical record data and to provide very *preliminary* data on whether patient dependence has changed since PPS was introduced. NOHS is current validating this instrument. The project is scheduled for completion in February 1987.

The *Pilot Study of the Appropriateness of Post Hospital Care Received by Medicare Beneficiaries* is being conducted under contract to System Sciences Inc. and Mathematica Policy Research. This study is intended to develop and test methods for directly measuring the adequacy of post hospital "aftercare". Key tasks under this project include: (a) developing a classification scheme of patients based upon risk of inadequate aftercare, (b) constructing professionally developed guidelines which can be used to identify instances of inadequate aftercare services, (c) defining adverse outcomes by which inadequate aftercare can be measured, and (d) developing an overall study plan which utilizes the above methodologies in a national study. Unlike the above Abt study this project will take into account all aftercare services including formal and informal support services and will be based upon comprehensive, primary (medical record and interview) data. The planned completion date for this pilot is late 1987, with a national study being planned as the next stage.

DATA DEVELOPMENT AND ANALYSIS

In the past, information on the health status and health care utilization of the long term care population has been drawn almost exclusively from cross-section surveys, such as the National Nursing Home Survey. While useful, cross-section data have limitations. Two longitudinal survey efforts will provide a better picture of the transitions of disabled elderly living in households and of institutionalized patients.

Longitudinal Surveys and Analyses

The Long Term Care Survey interviewed 6,000 disabled elderly living in households in 1982 to determine the extent of their dependencies, utilization of both informal and formal services, and their income and assets. Descriptive reports will be produced beginning in the spring of 1984. Currently planned are reports on demographic characteristics, ADL's and IADL's, formal and informal supports services, and income and assets. A paper giving a descriptive profile of the aged functionally impaired persons in the community in 1982 was published in the summer 1986 issue of the *Health Care Financing Review.* In 1984, these same persons were resurveyed to determine how they have fared since 1982. The resurvey will enable us to identify the most important factors that enable persons to remain in the home. In addition, those persons who were in institutions as well as persons who were not previously disabled will be included. This entire sample should provide a total picture of the functionally impaired elderly. A public use tape of the data collected on persons in the 1982 and 1984 surveys is expected to be available in spring 1987.

The Caregiver Survey, a supplement to the 1982 Long-term Care Survey, collected data on the kind, amount and cost of informal care for a sample of 1,900 informal caregivers. NCHSR and HCFA have collaborated in analyzing the survey and three reports have been produced. These reports are: (1) "Caregivers of the Frail Elderly: A National Profile"; (2) "The Caregiving Role: Dimension of Burden and Benefits;" and (3) "Caregiver Attitude to Nursing Homes."

A survey of persons using long-term car facilities particularly nursing homes, facilities for the mentally retarded, and psychiatic hospitals, will be a key part of the Institutionalized Persons Components of the 1987 National Medical Expenditure Survey (NMES). This survey will obtain data on the use of health care services in 1987 by persons who were resident in long-term care facilities on January 1, 1987, and those who are subsequently admitted to these facilities. The data on the use of and expenditures by these persons for health care services in 1987 will include those used prior to, during, and subsequent to their residence in a long-term care facility. This survey will provide the most comprehensive data on the use of and expenditures for health care services of persons requiring long-term care.

Longitudinal analysis and projections are also being conducted under a grant to Duke University. The grantee has developed state-of-the-art statistical methods for using mortality data to estimate and project the incidence of specific chronic diseases (e.g., cancer). The grantee will use HCFA-sponsored survey data, including the Long Term Care Survey, to forecast future changes in health status of the aged population and service needs. The report will also analyze the rate of transition of functionally impaired elderly persons from community residence to institutional placement and the factors associated with such movement.

A Harvard University project which was funded in July 1984 collected the fourth series of self-reported information from the Massachusetts Health Care Panel Study cohort. The cohort consists of persons who were in 1974 selected in a statewide probability sample of persons 65 years of age or older. Harvard is analyzing the data from each series of interviews to determine indications of functional decline prior to death, predictors of long-term institutionalization, and interrelationships among physical, behavioral, and social characteristics and subsequent health care and social services use and mortality. The final report is due in early 1987.

Other HCFA Data Activities

Other HCFA data activities planned for 1984 include reports on long term care services and development of national Medicaid statistical systems.

Certain information concerning long term care services is routinely abstracted from the Medicare claims payment system and reported by HCFA. These are long stay hospitals, skilled nursing facilities, and home health services. Data relate primarily to length of covered stay, amount reimbursed for services, and types of facilities. Trend data is routinely available for these items.

HCFA is continuing work to enhance national Medicaid statistics by obtaining person-level data from state Medicaid Management Information Systems (MMIS). Major project goals include the development of uniform data sets among participating States; production of standard reports describing enrollment, use and expenditures under Medicaid; and support for special studies that focus on important policy, program management, or other research issues for Medicaid. HCFA has obtained MMIS data from five States: California, Georgia, Michigan, New York, and Tennessee for the years 1980 through 1982 and is requesting data for 1983 and 1984. Data are extracted for enrollees, providers and claims for all types of Medicaid services, including long term care. In general, these data will be used to analyze expenditures and utilization of long term care services and to study the total care provided to institutionalized individuals under Medicaid. Several analyses are underway to study the older aged population (85 years and older), multi-State analysis of expenditures and utilization of long-term care by the aged, transitions from inpatient hospital to long-term care, and aged persons with hip fractures.

Systemetrics/McGraw Hill has recently completed a research project using the above Medicaid data which examined uniform Medicaid cost and utilization data for recipients of intermediate care facility for the mentally retarded (ICF-MR) services in three States (California, Georgia, and Michigan). Findings are available on the sociodemographic characteristics of the ICF-MR population, the use and cost of ICF-

MR services, public and private expenditures for ICF-MR care, the utilization and costs of acute care services by ICF-MR recipients, and movement within the ICF-MR program. This study found that, in all three States, more than 75 percent of the ICF-MR recipients were in the ICF-MR for all of 1982. In California and Michigan, where dates of admission were available, 25-30 percent of the recipients had lived in the same facility for at least 12 years. The younger and less disabled ICF-MR recipients were more likely to be admitted or discharged throughout the studied year (1982). The average annual cost of ICF-MR care ranged from $26,617 per recipient in Georgia to $36,128 in Michigan. In general, ICF-MR recipients were low utilizers of Medicaid services other than ICF-MR care, although the study did identify a subgroup of recipients with high acute care needs in addition to their need for ICF-MR care. Approximately one-third of all ICF-MR recipients are also covered by Medicare due to their eligibility for Social Security Disability Insurance benefits under the category of adult disabled children.

As part of an interagency agreement between the Office of Research and Demonstrations and the National Institute on Aging, initial work is being undertaken to assess the feasibility of developing a computerized inventory of research on aging.

OFFICE OF INSPECTOR GENERAL

INTRODUCTION

The mission of the Office of Inspector General (OIG) is to prevent and detect fraud, waste and abuse in the Department of Health and Human Services (HHS) programs and to promote more efficiency and economy in its operations. It is the Inspector General's responsibility and duty to report to the Secretary and the Congress any deficiencies or problems relating to HHS programs and to recommend corrective action where appropriate.

As a result of a Congressional oversight initiative into disclosures of fraud and waste in Federal/State medicaid and welfare programs, Public Law 94-505 was passed, creating the first statutorily enacted IG office of its kind. Enacted in 1976, the law place equal emphasis on the Inspector General's obligation to detect and prevent wrongdoing and his obligation to make recommendations for change and improvement in HHS programs.

A basic philosophical foundation of the OIG is to work in a coordinated and cooperative way with other Departmental components to accomplish its mission, except when the IG believes that such a relationship would compromise the integrity and independence of the OIG. Close working relationships are established with such department components as the Social Security Administration (SSA), the Health Care Financing Administration (HCFA) and the Public Health Service (PHS), as well as with major institutions such as the Department of Justice (DOJ) and the Government Accounting Office (GAO) to maximize resources devoted to common problems.

ORGANIZATION

The Office of Inspector General is organized into four divisions: Immediate office, Office of Audit, Office of Investigations, and the Office of Analysis and Inspections.

The Immediate office is responsible for setting OIG policy and direction; coordinating and implementing that policy and handling all budgetary and administrative functions for the national and regional offices.

The Office of Audit (OA) prepares or reviews about 4,500 audits annually covering all aspects of HHS operations. It also undertakes a number of program audits of department programs and represents the OIG in coordinating the work with the audits of the Government Accounting Office (GAO) for the Department.

The Office of Investigations (OI) is responsible for reviewing and investigating all allegations of a potentially criminal nature, which involve HHS programs or activities. A division of OI is the State Medicaid Fraud Control Unit Program (SMFCU), whose responsibilities include working with the States to improve detection and elimination of fraud in the Medicaid program. In addition, OI is responsible for imposing administrative sanctions, including civil monetary penalties, on health care providers participating in the Medicare and Medicaid programs.

The Office of Analysis and Inspections (OAI) conducts specialized program and management studies covering any aspect of the department operations. These reports focus on items of current interest to key officials of the Department and of Congress. OAI also has the responsibility of reviewing and commenting on legislative and regulatory proposals for the OIG and monitoring work related to the President's Council on Integrity and Efficiency.

ACTIVITIES

OIG presently has a number of projects and activities underway or completed which have an impact on the aged. These projects include:

OFFICE OF AUDIT

The Office of Audit (OA) focuses its reviews on Medicare, Medicaid, and Social Security—the Department's most vulnerable and costly programs. These programs have major impact on the elderly.

Program audit reviews focus on (1) seeking ways to improve fiscal controls in the benefit payment process, as well as trust fund financial management and accounting operations; (2) looking for more efficient and economical administration of programs, procurement and service delivery, including reviews of the appropriateness of Federal payments for services provided and the quality of care received; and (3) reducing the incidence of fraud, waste and abuse in the Department's programs.

During fiscal year 1986, OA issued 3,125 reports recommending financial adjustments of $217 million. Of even greater significance, Department managers agreed to take action on audit recommendations containing cost savings features totaling $4.3 billion. These actions, some of which will be carried out over the next 5-year budget cycle, will prevent improper expenditures, improve agencies' systems and operations and provide improved services to recipients.

Following are examples of current reviews containing recommendations which would have substantial impact on the elderly.

Excessive Attorney Fees.—OIG estimates that of the $100 million in attorney fees charged successful SSA claimants in 1984, some $23 million represented excessive charges (based on a $75 per hour rate). Under the Social Security Act, administrative law judges (ALJ's) are to evaluate the reasonableness of fees attorneys charge claimants for representing them in appeals of SSA decisions. We found, however, that ALJ's generally gave perfunctory approval to fee arrangements resulting claimants paying excessive fees. For example, in one case reviewed, a 52-year-old man with severe back pain was awarded past-due benefits of $10,887. The ALJ authorized the requested fee (taken from the award) of $2,772 for seven and one-half hours of work. The hourly equivalent of the fee was $375. SSA has under advisement our recommendations calling for changes that would limit fees and permit easy and consistent application of criteria by ALJ's.

Medically Unnecessary Chest X-rays.—OIG found that Medicare was paying for routine, administratively mandated chest x rays given to beneficiaries in nursing and adult homes. Our review in three States showed that 41 percent of all chest x rays given to beneficiaries were mandated by State agency or institutional policy rather than by specific medical need. Our findings suggest that such x rays do not meet the "medically necessary" criteria for Medicare reimbursement, and subject beneficiaries to unnecessary levels of radiation. The Health Care Financing Administration (HCFA) is developing revised instructions to discourage these routine x rays.

Medicare and Medicaid spend over $14 billion annually providing services to nearly 2 million patients residing in long-term care facilities. Several OIG reviews during 1986 focused on related aspects of facility certification and HCFA's monitoring of facilities to ensure they meet established health and safety standards. Following are highlights of two of these reviews.

Questionable Long-Term Care Survey Data.—OIG found that HCFA's centralized information system that States use for surveys of long-term care facilities is ineffective primarily because the system contains stale data. We recommended that HCFA take steps to ensure that the system's data is as current as possible, then (1) use the system to ensure that all long-term care facilities are surveyed annually, and (2) identify and select for HCFA inspection (and possible sanction) those facilities with past patterns of substandard care.

Look-Behind Notifications.—OIG reviewed the timeliness of HCFA's notifications of facilities after finding hazardous conditions. HCFA has the authority to "look behind" State certification surveys of long-term care facilities. These reviews evaluate the accuracy of State surveys, and serve as the basis for direct action against substandard facilities. We found that HCFA took an average of 12.5 days to notify the facilities of hazardous conditions. We recommended HCFA establish an appropriate time frame for these notifications to safeguard patients in these facilities.

OFFICE OF INVESTIGATIONS

The Office of Investigations expends about 85 percent of its investigative resources on the Medicare and Social Security programs, which have great import for older Americans. Its caseload and projects are largely devoted to detecting and deterring fraud in these programs, to prevent unscrupulous diversion of trust funds needed by the elderly. Permanent computer screens and processes have been developed as the result of OIG projects and cases to save trust fund losses and to uncover defrauders.

Largely as a product of an earlier OIG project, States now provide vital statistics records for matching against Social Security beneficiary rolls, to ensure that benefits are not being sent to deceased beneficiaries and conveted by others to their own use. Our work in this area resulted in the conviction of 735 defrauders in fiscal year 1986, thereby preventing their further theft of trust funds, and recovery of $39.7 million in fines and restitutions.

In addition to following up on allegations of Medicare fraud, the OIG has been engaged in several projects aimed at not only uncovering fraud but also ensuring that Medicare patients do not receive a substandard quality of care. For example, in one State with a large elderly population, retired agents pose as Medicare beneficiaries to receive treatments at combination physician/chiropractic clinics suspected of fraudulent Medicare schemes and disregard of patient needs. Another project concentrated on a large health maintenance organization which is suspected of prescreening Medicare enrollers for potential physical problems and for dropping participants when serious illnesses occur. Yet another OI activity is aimed at preventing physicians who have failed to keep their medical licenses current from treating Medicare patients.

Fast becoming one of the most effective deterrents to fraud and to poor quality of care for Medicare patients is the sanctioning of offending providers. Upon conviction for Medicare or Medicaid fraud, or upon the recommendation of a Peer Review Organization (PRO), the OIG suspended 412 offenders in fiscal year 1986 from participation in the Medicare/Medicaid programs for periods ranging up to 30 years. Some $9.5 million was also obtained in civil monetary penalties, a further deterrent to defrauding these programs.

This year, investigations of Medicare/Medicaid fraud by the OIG and the State Medicaid Fraud Control Units for which it has oversight resulted in 349 convictions and financial recoveries and savings of $21.9 million. Total successful prosecutions and financial recoveries obtained by the OIG for the year amounted to 1,055 and $60 million, respectively.

OFFICE OF ANALYSIS AND INSPECTIONS

OAI presently has a number of inspections underway or completed which have an impact on the aged, including:

Patient Denial Notices.—The OIG conducted a review to examine problems associated with hospital discharges in cases where the patient believed a continuation of the hospital stay was necessary. HCFA procedures called for the patient to receive a written discharge notice in these cases. We found, however, that many beneficiaries were discharged prematurely after a verbal discussion with their physician and that written notices were rarely issued.

For this reason, the OIG along with PRO's and patient advocate groups, have urged that written notification be issued to all patients upon admission, spelling out their benefits and responsibilities concerning Medicare hospital coverage. HCFA has issued instructions to hospitals, PRO's and fiscal intermediaries to implement a policy of providing such notice to all patients upon admission to the hospital.

Inappropriate Discharges and Transfers.—The OIG conducted a review of 3,706 cases which were identified by the PRO's as instances of premature discharges and inappropriate transfers occurring under Medicare's prospective payment system (PPS). From October 1983 through May 1985, the PRO's, while having the authority to handle identified instances of poor quality of care, were instructed to refer these cases of HCFA for analysis especially in instances where patients were admitted to a facility within 7 days of an earlier discharge for the same health condition. From our inspection review, it appeared that many PRO's did not effectively use the authority or process available to them to address instances of premature discharge and inappropriate transfer. Subsequently, in July 1985, HCFA issued instructions to the PRO's clarifying how to deal with inappropriate discharges and transfers that are identified.

The PRO's are now increasing review and sanction activities against physicians/providers demonstrating abusive patterns on quality of care.

DRG Misclassifications.—Under the Medicare Prospective Payment System (PPS), reimbursement is based on a predetermined amount for each diagnosis related group (DRG). The DRG is determined based on the coding of the diagnostic and procedural information contained in the patient's medical record.

Our inspection in this area showed that the number of cases were erroneously assigned to an inappropriate DRG. To reduce the number of erroneous DRG assignments, the OIG recommended that HCFA instruct PROs to educate physicians and coders in the identification of principal and secondary diagnoses, and consider focused review of these and similar DRGs. We also recommended that HCFA establish a mechanism to resolve issues that arise from DRG validation questions and end the favorable waiver presumption for unnecessary admissions.

HCFA is implementing our recommendations through instructions to Peer Review Organizations (PRO's). New procedures will result in potential savings of $39.6 million annually.

Medicare Secondary Payer Provisions Working Aged in Colorado and Missouri.—In 1982, Congress required most employers to make their health plans available to employees who are 65 through 69 and to their spouses. If such coverage was chosen, the health plan rather than Medicare would have primary liability (i.e., would be first payer) for services provided under the plan.

We conducted inspections in Missouri and Colorado to determine if Medicare contractors were correctly identifying Medicare secondary payer situations. We found that intermediaries had overpaid our eight sample hospitals more than $77,000. Projecting this overpayment to all hosptials in the States of Colorado and Missouri, the total amount of inappropriate Medicare payments exceed $9.3 million.

OFFICE OF THE GENERAL COUNSEL

Atkins v. *Rivera*

The Secretary has permitted States with medically needy programs to use a 6 month budget period for determining Medicaid eligibility for the medically needy even though eligibility for Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) is determined on a 1 month basis. (A 6 month budget period can result in making ineligible for Medicaid certain individuals who might be eligible under a shorter period, because it permits a greater overall accumulation of income from which medical expenses must be subtracted in order to "spend down" to the medically needy income level). Faced with split amomg the lower courts as to whether the statute requires the use of a 1-month spend-down the Supreme Court granted *certiorari, Atkins* v. *Rivera,* in which Massachusetts was sued over the application of the 6 month period to AFDC-related applicants in State court and lost. HHS filed a brief as *amicus curiae* in support of Massachusetts. The Supreme Court reversed the State court's decision and upheld State's rights to use a 6 month budget period in accordance with the Secretary's regulations. The Court rejected the claim that the requirement that States use the "same methodology" for determining eligibility for the medically needy as is used to determine SSI or AFDC eligibility required the use of a 1 month budget period. Although *Rivera* involved the AFDC-related medically needy, the decision also validates the use of the 6-month budget period for the aged, blind, and disabled medically needy.

Savage v. *Toan* and *Morrow* v. *Morris*

Effective 1974, Congress enacted the Supplemental Security Income (SSI) program, and required States participating in the Medicaid Program to provide Medicaid eligibility to all SSI recipients. In order to discourage States from terminating their participation in the Medicaid Program in order to avoid the increased Medicaid obligations which they would accrue by virtue broader eligibility standards of the SSI Program, Congress enacted the so-called "209(b) option," 42 U.S.C. § 1396a(f). States electing this option need not provide Medicaid to all SSI recipients, but instead may limit the Medicaid eligibility of their aged, blind, and disabled by using more restrictive standards which were in effect under their State plans on January 1, 1972. Two district courts had held that the "209(b) option" required these States to use eligibility criteria which were no more restrictive than their January 1, 1972, criteria, even though these criteria were more liberal than those of the SSI program.

The Court of Appeals for the Fourth and Fifth Circuits reversed these two district court decisions in *Morris* v. *Morrow* and *Savage* v. *Toan* respectively. The Courts of Appeals agreed with HHS' consistent interpretation of the 209(b) option. The Courts found the option to be a limited exception to the requirement that States provide

Medicaid to all SSI recipients and rejected the claim the option provided an affirmative grant of authority to cover individuals who are not eligible for SSI but who would have been eligible for Medicaid under the criteria which the States had used in 1972.

Bowen v. *Michigan Academy of Family Physicians and Responsive Legislation*

The Secretary has maintained that the judicial review under Part B of Medicare (i.e., the Supplemental Medical Insurance Program) was precluded by the Medicare statute. A suit was filed by the Michigan Academy of Family Physicians challenging the validity of a regulation which authorized the use of more than one range of prevailing charges for Medicare Part B physician reimbursement ("specialty screens"). The courts found general federal question jurisdiction to review the case and the Secretary petitioned the Supreme Court for review. The Court decided that neither 42 U.S.C. § 1395ff nor § 1395ii precluded judicial review of regulations promulgated under Part B of the Medicare Program.

In the Omnibus Reconciliation Act of 1986, Congress subsequently amended the Medicare statute expressly to authorize administative law judge hearings in Part B cases involving at least $500 in controversy, and judicial review of Medicare Part B claims involving at least $1,000 for services rendered on or after January 1, 1987. In so doing, Congress explicitly precluded judicial review of regulations or instructions issued prior to January 1, 1981, which relate to the method for determining the amount of payment. Congress also restricted the scope of review otherwise available under the Administrative Procedures Act.

Gray Panthers v. *Bowen*

In final resolution of this long pending judicial challenge to the sufficiency of the Secretary's notice and review procedures for Part B Medicare, the District Court for the District of Columbia approved an extensive revision to the Part B procedures adopted by the Secretary based on negotiations with representatives of national senior citizen groups. Among other things, this agreement provided for a dramatic revision of the initial notices that are sent by the insurance carriers to beneficiaries. These changes were designed to improve the clarity of the carriers' coverage or denial explanations and enhance appeal and review rights.

Whitney v. *Heckler* and *Private Medical Care Foundation, Inc.* v. *Bowen, and Cataract Surgery Claims*

The Deficit Reduction Act of 1986 imposed a 15-month freeze on physician charges to Medicare beneficiaries. The constitutionality of the freeze was challenged in litigation brought in Georgia and in Oklahoma. In both cases, the courts held the freeze was constitutional. The Georgia case, *Whitney*, was affirmed by the Eleventh Circuit. In both cases the courts found no fifth amendment violation. In *Private Medical Care* the court also rejected a claim that the freeze denied "non-participating" physicians equal protection and rejected a claim that the physicians had standing to assert constitutional challenges on behalf of third-party Medicare beneficiaries.

Recently, similar constitutional challenges have been advanced by individual claimants and cataract surgeons in the District of Columbia against provisions of the Omnibus Budget Reconciliation Act of 1986, which effectively places a declining ceiling on the amounts that the Medicare population may be charged for cataract surgery with interoccular lens implants.

FAMILY SUPPORT ADMINISTRATION

DEAR MR. CHAIRMAN: This is in response to your letter of September 26 to Secretary Bowen requesting information on HHS programs during fiscal year 1986 in preparation for the Senate Special Committee on Aging Annual Report.

The Family Support Administration (FSA) was establisehd by Secretary Bowen in April 1986 to support his mission to strengthen the family unit. Six major programs were merged under one administration to focus program management on the policy priority of enhancing the family. The programs included under FSA are the: Aid to Families with Dependent Children, Work Incentive Program, Child Support Enforcement, Refugee Resettlement, Community Services, and the Low Income Home Energy Assistance Program. Together, these programs encourage self-sufficiency within the family, thereby reducing dependency on public resources.

Although our programs are basically designed to cover assistance for families and their children, the elderly may receive assistance from two of them. The Community Services Block Grant (CSBG) and Low Income Home Energy Assistance Program (LIHEAP), may be used to help the elderly poor to meet the costs of basic necessities. Specifically, the CSBG program provides funding for community projects to alleviate the causes of poverty. State or tribal grantees have the option of including the elderly poor in such projects. LIHEAP helps low-income households meet heating and cooling costs as well as costs for home repairs that enhance energy efficiency. In fiscal year 1986, about 40 percent of households receiving LIHEAP assistance with heating costs included at least one person 60 years of age or over.

Enclosed you will find detailed descriptions of these two programs with regard to the elderly.

Respectfully,

WAYNE A. STANTON,
Administrator.

Enclosures.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

The Low Income Home Energy Assistance Program (LIHEAP) is one of seven block grant programs administered within the Department of Health and Human Services (HHS). LIHEAP is administered by the Department's Family Support Administration's Office of Energy Assistance (OEA).

LIHEAP helps low-income households meet the cost of home energy. The program is authorized by the Omnibus Budget Reconciliation Act of 1981, as amended by the Human Services Reauthorization Act of 1986. In fiscal year 1986, Congress appropriated $2.1 billion for the program. This amount was subsequently reduced to $2.009 billion, as a result of the across-the-board reduction mandated by the Emergency Budget and Deficit Control Act of 1985.

Block grants are made to States, territories, and eligible applicant Indian tribes. Grantees may provide heating assistance, cooling assistance, energy crisis intervention, and low-cost residential weatherization or energy-related home repair to eligible households. Grantees can make payments to households with incomes not exceeding the greater of 150 percent of the poverty income guidelines, or 60 percent of the State's median income. Most households in which one or more persons are receiving Aid to Families with Dependent Children, Supplemental Security Income, Food Stamps, or need-tested veterans' benefits may be regarded as categorically eligible for LIHEAP.

Low-income elderly households are a major target group for energy assistance. They spend, on average, a greater portion of their income for heating costs than other low-income households. Grantees are required to target outreach activities to elderly or handicapped households eligible for energy assistance. Grantees can elect to provide other forms of priority treatment to these households. For example, a number of States provide the elderly and handicapped with easier application procedures, higher benefits, or favorable assets or income standards.

In fiscal year 1986, about 40 percent of households receiving assistance with heating costs included at least one person age 60 or over.

OEA is a member of the National Energy and Aging Consortium, which focuses on helping older Americans cope with the impact of high energy costs and related energy concerns. In fiscal year 1986, OEA contributed funds in support of the Consortium's national conference, "Building Partnerships for the Future of Our Aging Society," which was held February 26–28, 1986, in Washington, D.C.

COMMUNITY SERVICES BLOCK GRANT PROGRAM

The Community Services Block Grant (CSBG) is one of seven block grant programs administered within the Department of Health and Human Services (HHS). CSBG is administered by the Department's Office of Community Services (OCS) in the Family Support Administration.

CSBG provides funds for a range of services and activities to communities where poverty is particulary acute. The program is authorized by the Community Services Block Grant Act (Subtitle B, Public Law 97–35). Total funding for the CSBG program was $320,214,629 in fiscal year 1986 and $335,000,000 during fiscal year 1987.

CSB grants are made to States and Indian tribes or tribal organizations. Grantees have the authority and the flexibility to make decisions about the kinds of local projects to be supported by the State or tribe, using CSBG funds. Such projects are designed: (A) to provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem; (B) to provide activities designed to assist low-income participants including the elderly poor to (i) secure and retain meaningful employment, (ii) attain an adequate education, (iii) make better use of available income, (iv) obtain and maintain adequate housing and a suitable living environment, (v) obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs including the need for health services, nutritious food, housing, and employment-related assistance, (vi) remove obstacles and solve problems which block the achievement of self-sufficiency, (vii) achieve greater participation in the affairs of the community, and (viii) make more effective use of other programs related to the purposes of this subtitle; (C) to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor; (D) to coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low income individuals; and (E) to encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community. (Ref. Sec. 675 (c)(1) of Public Law 97-35).

Although the Community Services Block Grant Act makes a specific reference to the elderly poor, there is no requirement that the States or tribes place special emphasis on the elderly or set aside funds to be specifically targeted on the elderly. Neither the statute nor implementing regulations include a requirement that grant recipients report on the kinds of activities paid for from CSBG funds or the types of indigent clients served. Hence, it is not possible for OCS to provide complete information on the amount of CSBG funds spent on the elderly, or the numbers of elderly persons served.

No projects or policy changes were made in the CSBG program during fiscal year 1986. However, the Human Services Reauthorization Act of 1986 states that evaluations "include identifying the impact that assistance . . . has on . . . the elderly poor". Such collection of impact data on the elderly is a new activity which OCS will conduct during fiscal year 1987.

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) serves as the principal advisor to the Secretary on policy development and/or management decisions for all population groups served by the Department, including the elderly. The long-range goals of policy research in this office is to provide factual information for use by departmental decisionmakers in the development of new policies and the modification of existing programs. This office is responsible for legislative development, planning, policy analysis and research and evaluation oversight.

ASPE is involved in a broad range of activities related to aging policies and programs. Specific grants and contracts which include the elderly and aging as a major focus are listed individually in this report. In addition, there are a number of research, evaluation and coordination activities which integrate aging concerns with those of other population groups. For example, the elderly are included in studies of health care delivery, poverty, State-Federal relations and public and private social service programs.

ASPE also maintains two national clearinghouses which include aging research and evaluation materials. Project SHARE disseminates information about human service projects in the public and private sector. A recent product was a how-to manual on developing volunteer respite programs. The ASPE Policy Information Center (PIC) has been broadened to provide a centralized source of information on evaluative research relevant to the Department's programs and policies. On-going and completed HHS evaluations are tracked, compiled, and retrieved. In addition, the PIC database includes ASPE policy research, the Inspector General's program inspections and reports from the General Accounting Office, Congressional Budget Office and Office of Technology Assessment of relevance to the Department. Research studies of a short-term evaluative nature conducted by the Department were recently added. Copies of final reports of the studies described in this statement are available upon completion from PIC.

During 1986, staff of the Office of the Assistant Secretary for Planning and Evaluation undertook or participated in the following projects which had a major focus on the elderly:

Catastrophic Illness Expense.—ASPE staff participated in many aspects of the Department's catastrophic Illness Study. This study responded to the Presidential directive to develop recommendations on how the private sector and government can work together to address the problem of affordable insurance for those whose life savings would otherwise be threatened when catastrophic illness strikes. The technical work group on catastrophic coverage for the general population was chaired by the Deputy Assistant Secretary for Health Policy. Other ASPE staff participated in the groups dealing with the private financing of long-term care and catastrophic coverage of acute hospital care for the elderly. The final report of the study, "Catastrophic Health Expenses" was transmitted to the President on November 19, 1986.

Task Force on Alzheimer's Disease.—As a member of the HHS Task Force on Alzheimer's Disease, the Office of the Assistant Secretary for Planning and Evaluation assisted in preparation of a report to the Congress on selected aspects of caring for persons with Alzheimer's disease. The report covered State Medicaid activities, innovative methods of caring for persons with dementia in nursing homes and alternatives to nursing home care for persons with Alzheimer's disease. The Assistant Secretary for Planning and Evaluation also testified on behalf of the Department at a hearing on Alzheimer's disease conducted by the Subcommittee on Aging of the Senate Committee on Labor and Human Resources on July 22, 1986.

Interagency Committee on Research in Aging.—ASPE staff participate in activities of the Interagency Committee on Research in Aging (IACRA), an informal group of representatives of the many Federal departments and agencies which sponsor research on the aging process and the elderly. The purpose of the group, which is sponsored by the National Institute on Aging, is to provide for an exchange of information about research activities to assure better coordination of related efforts dealing with aging and the elderly.

Quality of Home Care Services.—ASPE prepared a Departmental statement on the quality of home care services for the Select Committee on Aging of the U.S. House of Representatives. This statement summarized Federal programs which support health and social services to persons residing in their own homes or non-medical group living facilities and identified issues associated with home care quality.

Family Violence.—ASPE prepared a compendium of Federal programs dealing with family violence, including abuse of the elderly. The report was issued through SHARE in September.

National Long-Term Care Survey.—ASPE sponsored (with the Health Care Financing Administration) the National Long-Term Care Survey and the National Survey of Informal Caregivers of 1982. This data base is made up of detailed interviews of approximately 6,400 impaired persons in the 65 and over population who are not living in hospitals, nursing homes and other institutions drawn from an initial screen of over 36,000 Medicare enrollees. The survey was designed to provide nationally-representative data on such matters as the pattern of functional limitations, health and social services received, information on caregivers, housing and neighborhood characteristics and cognitive functioning. The full public use package is available for a fee through the National Technical Information Service. Researchers are encouraged to use the materials for analytical studies.

Decennial Census.—ASPE represents the Department of Health and Human Services on the Federal Agency Council for the 1990 Census.

List of Research and Demonstration Projects Active in 1986

THE NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION

ASPE, HCFA, and AoA jointly sponsored the National Long-Term Care Channeling Demonstration, a policy research initiative involving over 6,300 persons in 10 States. This 6-year study was designed to test whether case-managed community services could meet the needs of the impaired elderly while containing rapidly increasing costs of long-term care. Overall project management was the responsibility of ASPE. Temple University provided technical assistance to the demonstration and Mathematica Policy Research conducted the evaluation. The demonstration yielded 25 technical reports, 12 training manuals, and a public use date tape.

The final report, which was released in November 1986, concluded that community care programs do not necessarily help keep frail older people out of nursing homes and hospitals. However, such programs can help reduce unmet need for basic living assistance and improve the quality of life for older people and their families.

This demonstration compared the existing long-term care system with an enhanced system of in-home services and case management. It provides a better understanding of the contribution made by comprehensive case management, but it does not support the hope that increasing community services might result in lower overall long-term care costs.

In the study, case management was used to channel community services to the frail elderly. The goal was to enable them, whenever appropriate, to remain in their own homes rather than entering nursing homes.

The project tested two channeling models. In the basic model, case management alone was used to assess client needs, plan care and arrange for community services. In the financial control model, case management was enhanced by authorizing the case managers to purchase services for clients. Both models were compared with control groups who were not provided with channeling services.

Basic case management was tested in Baltimore, Maryland; eastern Kentucky; Houston, Texas; Middlesex County, New Jersey; and southern Maine. The financial control model was tested in Cleveland, Ohio; Lynn, Massachusetts; Miami, Florida; Philadelphia, Pennsylvania; and Rensselaer County, New York. Findings of the study include:

—Channeling increased the use of community services. Personal care and homemaker services increased the most.

—Channeling did not result in reducing informal caregiving (e.g., by families or neighbors), although the financial control model led to small reductions in some areas.

—Despite success in reaching an extremely frail elderly population, channeling did not identify a population at high risk of nursing home placement, and did not substantially reduce nursing home use.

—Channeling did not affect the use of physician or hospital services.

—The costs of expanding case management and community services were not offset by reduction in nursing home or other costs.

—Channeling reduced unmet needs, increased clients' confidence in receipt of care, and increased their satisfaction with life.

THE STRUCTURE OF THE NURSING HOME INDUSTRY

Research Triangle Institute, Catherine Hawes, Principal Investigator.

This study of the structure of the nursing home industry, examined the growth of the industry over time, the emergence of large chains of nursing homes, the interface between nursing homes and hospitals on one end of the scale and between nursing homes and board-and-care homes at the other, and the response of the industry to changes in reimbursement patterns and regulation.

Funding: Fiscal year 1984, $80,852.

End date: October 1986.

EVALUATION OF CONSTANT ATTENDANCE ALLOWANCES: RELATIVE EFFICIENCY AND IMPACT ON INFORMAL CAREGIVERS

Project HOPE, John Grana, Principal Investigator.

This examination of the constant attendance allowance programs of the Veterans Administration is intended to provide a description of the operation of this program as well as the efficiency of paying a cash benefit to permanently disabled persons who require regular assistance from others. Recipients of aid-and-attendance and housebound VA pensions were surveyed in four different communities. A draft final report was received in September 1986.

Funding: Fiscal year 1985, $97,152.

End date: January 1987.

SUSTAINING FAMILY CAREGIVING OF THE ELDERLY: HOUSING, FAMILY SUPPORT AND THE DEMAND FOR INSTITUTIONAL CARE

Urban Institute, Raymond Struyk, Principal Investigator.

This project analyzed the relationship between: types of housing, the availability of services, and the presence of relatives, with the need for long-term care and the probability of institutionalization. This study was coordinated with the Department of Housing and Urban Development. The results will be used to encourage private sector development of housing units which maximize the independence of elderly persons and thereby delay their institutionalization.

Funding: Fiscal year 1985, $99,143.

End date: October 1986.

STATE APPROACHES TO LONG-TERM CARE SYSTEMS REFORM

National Governors Association, Diane Justice, Principal Investigator.

The experience of six States in implementing long-term care systems reform efforts to better integrate the in-home and community service sectors, improve targeting of services and promote cost efficient management and service delivery is being described and assessed. The study compares State philosophies on long-term care reform; analyzes strategies selected by States to better integrate and coordinate long-term care services, describes the effectiveness of Federal policies and programs in bringing about State-level system reforms. The study will yield organizational and program models to assist States that have not moved as far toward a State-wide coordinated system as those States selected for this study. It should also assist Federal long-term care strategies to support State-wide systems reform efforts.

Funding: Fiscal year 1986, $21,000.

End date: March 1987.

DATA ON HEALTH OF THE ELDERLY

National Academy of Sciences, Dorothy Guilford, Principal Investigator.

Under joint sponsorship of several agencies in DHHS, including ASPE, a National Academy of Sciences panel has carried out a complete review of data relating to a wide array of aging health issues including: health status and characteristics of people in a variety of long-term care settings; projections of need for long-term care at different geographical levels; HMO coverage of the elderly; allocation of Medicare and Medicaid cost increases by underlying cause; need for various medical personnel trained to provide health care to the elderly; changes in health care needs and functioning of various groups of the elderly over time; mental health status of the elderly. The panel will issue a data inventory, papers on issues in aging, and a full report on issues, data and methodology in January 1987.

Funding: Fiscal year 1985, $86,000; fiscal year 1986, $20,000.

End date: January 1987.

MODELING THE EFFECTS OF PRIVATE FINANCING OPTIONS ON PUBLIC AND PRIVATE EXPENDITURES

Brookings Institution, Joshua Weiner, Principal Investigator.

Using the PRISM model developed by ICF, Inc. (modified with the addition of a disability module developed jointly by Brookings and ICF), the study is estimating the potential effects of private insurance for long-term care and of tax-sheltered savings for long-term care on private and out-of-pocket expenditures and Medicaid expenditures (both Federal and State) for long-term care. Such estimates and projections are essential to the work of the Secretary's Technical Work Group on Private Financing of Long-Term Care for the Elderly, one of three work groups providing research for the Secretary's catastrophic care initiative. The estimates will also assist in general estimates of the potential demand for long-term care, to be used in other policy analyses.

Funding: Fiscal year 1986, $75,000; fiscal year 1987, $75,000; fiscal year 1988, $25,000.

End date: November 1986.

PPS IMPACTS ON MEDICARE-COVERED SERVICES FOR IMPAIRED ELDERLY

Duke University and The Urban Institute, Kenneth Manton, Principal Investigator.

The purpose of this study is to provide policymakers with early information on changes in the utilization of Medicare covered services brought about by PPS. The study will provide a preliminary empirical analysis of differences in the utilization patterns of hospital, skilled nursing facility and home health services under Medicare, before and after PPS. Special emphasis will be placed on how PPS affected Medicare services received by elderly persons with chronic as well as acute conditions.

Funding: Fiscal year 1986, $115,000.

End date: May 1987.

DESIGNING A STUDY OF THE APPROPRIATENESS OF POST-HOSPITAL CARE RECEIVED BY MEDICARE BENEFICIARIES

Systems Sciences, Inc. and Mathematica Policy Research, Cyrus Baghelai and Barbara Phillips, Principal Investigators.

In fiscal year 1986, this study will develop and assess the feasibility of design options for tracking the service needs and outcomes of Medicare patients who need subacute and/or long-term care services after discharge from the hospital. Such work is preparatory to initiating a large scale survey of the effects of changes in health care reimbursement on the quality of care received by the above populations as well as their ability to obtain needed services. The study will also develop and assess the validity and reliability of measures of patient status at discharge and the appropriateness of care received after discharge. In fiscal year 1987, a national survey of Medicare beneficiaries discharged from the hospital is planned. This project and the subsequent survey is being carried out in cooperation with the Health Care Financing Administration who will provide the majority of funds.

Funding: Fiscal year 1986, $150,000; fiscal year 1987, $200,000.

End date: May 1987.

HOSPITAL CAPITAL FINANCING

ICF, Inc., Donald Moran, Principal Investigator.

This multi-year assessment of information for a report to Congress on capital-related costs is required by the 1983 prospective payment legislation. As part of a Departmental effort to prepare the study, a number of selected issues are being examined including: the current Medicare system and how it relates to capital costs, hospital capital investment, and current non-Federal capital payment approaches. The final report suggests an approach to coordinating capital into the prospective payment system.

Funding: Fiscal year 1985, $340,000 (total funding: $778,936).

End date: December 1986.

MEDICARE COVERAGE AND TECHNOLOGY ASSESSMENT

Lewin and Associates, Inc., Wayne Roe, Maren Anderson, Jade Gong, and Michael Strauss, M.D., Principal Investigator.

In a two-volume report entitled "A Forward Plan for Medicare Coverage and Technology Assessment" which was issued in November 1986, it is noted that, today, leading insurers are actively trying to affect both the quality of care and the cost of health services through "managed care." This approach involves a coordinated effort in the areas of coverage of medical services, the reimbursement of those services, and utilization review and quality assurance. The report concludes that Medicare should take advantage of these tools for managing the care of its beneficiaries and, thereby, improve the quality and control the costs of health services.

The report includes recommendations in several major areas of coverage and assessment:

—The Medicare process for coverage decision-making needs to be clarified and opened to the public.

—Medicare coverage policy should address new as well as previously covered technologies that may be outmoded, unnecessary, or overused.

—Coverage policy should be integrated into reimbursement, utilization review, coding and claims review policies.

—As Medicare moves toward capitation, coverage policy will be needed to protect quality of care and access to technologies for beneficiaries.

Funding: fiscal year 1985, $200,000.

End date: November 1986.

OFFSET ANALYSIS OF THE MEDICARE MENTAL HEALTH DEMONSTRATION

Macro Systems, Inc., Lanny Morrison, Principal Investigator.

This analysis of the impact of providing mental health services on beneficiaries' use of other health services is part of the evaluation of the Medicare Mental Health Demonstration Project.

Funding: fiscal year 1986, $54,000.

End date: March 1987.

ANALYSIS OF ALCOHOL, DRUG AND MENTAL HEALTH SERVICES UNDER MEDICARE PART A [DRG's]

Professional Management Associates, Inc./JRB Ben Duggar, Principal Investigator.

This study is reabstracting Medicare claim data in an attempt to better understand Diagnostic Related Group [DRG] coding and length of stay in alcohol and drug-related Medicare admissions.

Funding: fiscal year 1986, $170,000.

End date: April 1986.

PHYSICIAN BILLING PRACTICES IN MEDICARE PART B

Mandex, Inc., Howard West, Principal Investigator.

There is a maldistribution in Part B billing practices with a small percentage of physicians accounting for a large portion of Medicare approved physician charges.

This study will examine whether the skewed pattern of billing persists over time and whether it is increasing or decreasing. Increasing skewing in the pattern of participation in Medicare would indicate that assignment may have increased under the physician fee freeze, not because competition induced physicians to accept participating status and assignment within Medicare, but because physicians who had high Medicare caseloads and were already taking assignment were receiving a larger share of Medicare patients. Decreasing skewness would support the competition hypothesis.

Funding: fiscal year 1985, $222,000; fiscal year 1986, $60,000; fiscal year 1987, $200,000.

End date: September 1987.

FOLLOWUP TO 1983 SURVEY OF PHYSICIAN PRACTICE COSTS AND INCOME

National Opinion Research Center, Janet Mitchell, Principal Investigator.

ASPE is jointly funding with the Health Care Financing Administration, this follow-up to a 1983 survey. Information will be obtained from 3,500 physicians on (1) over priced procedures, (2) changes in costs of malpractice insurance and impact on physician practice and (3) participation in Medicare's PAR program.

Funding: fiscal year 1986, $280,000; fiscal year 1987, $100,000.

End date: October 1987.

PREVENTION AS A WAY TO IMPROVE THE WORK CAPACITY OF OLDER PEOPLE

Brookings Institution, Louise B. Russell, Principal Investigator.

A workshop was held in May 1986 to review the state of knowledge about preventive health practices and work capacity of the elderly. The goal of the workshop was to agree on a valid methodology for studying the cost-effectiveness of prevention, to assess the readiness of specific prevention strategies for evaluation, to agree on basic methodological standards, and to identify the best sources of data. Papers were presented on the following topics: smoking cessation, hypertension, calcium in the diet, alcoholism, exercise, obesity, and the translation of health effects into work capacity. Published proceedings of the workshop will be available in Spring 1987 as a Brookings publication entitled: "Evaluating Prevention: Report on a Workshop."

Funding: fiscal year 1985, $94,044.

End date: January 1987.

PANEL STUDY OF INCOME DYNAMICS

University of Michigan, Institute for Social Research, James N. Morgan, Greg J. Duncan, and Martha S. Hill, Principal Investigators.

Through an interagency consortium coordinated by the National Science Foundation (NSF contributes approximately $1.5 million per year), ASPE assists in the funding of the Panel Study of Income Dynamics (PSID). This is an ongoing nationally representative longitudinal survey that began in 1968 under the auspices of the then Office of Economic Opportunity. The PSID has gathered information on family composition, attitudes, employment, sources of income, housing, mobility, and a host of other subjects every year since then on a sample of approximately 5,000 families and has followed all original sample members that have left home. The current sample size is approximately 8,000 families. The data files have been disseminated widely and are used by hundreds of researchers both within this country and in numerous foreign countries to get an accurate picture of changes in the well-being of different demographic groups including the elderly.

Funding: ASPE (and HHS precursors)—$10,559,498; total (excluding non-ASPE funding for 1986 and 1987)—$16,663,988.

Funding: By fiscal year (recent): 1980, $698,952; 1981; $600,000; 1982, $200,000; 1983, $250,000; 1984, $550,000; 1985, $300,000; 1986, $225,000; 1987, $225,000.

DATABOOK ON RETIREMENT AND THE ELDERLY

Macro Systems. Inc., Robert L. Croslin, Principal Investigator.

The databook that is being produced summarizes and updates what is known about retirement and the elderly. Information will be compiled on the characteristics of retirees and the elderly (e.g., financial, demographic, health, etc.).

Funding: Fiscal year 1985, $89,000.

End date: January 1987.

SURVEY OF CONSUMER FINANCES

University of Michigan, Survey Research Center, Richard Curtin, Principal Investigator.

The Survey of Consumer Finances interviewed a representative sample of U.S. families in the spring of 1983 gathering a detailed accounting of family assets and liabilities; questioning also covered financial behavior and attitudes, work status, job history, and expected benefits from pensions and social security. The survey was jointly sponsored by the Board of Governors of the Federal Reserve System, the Department of Health and Human Services, the Department of the Treasury, the Federal Deposit Insurance Corporation, the Federal Trade Commission, and the Department of Labor.

Data from the survey is expected to be widely used for investigation of the distribution of holdings of various assets and liabilities, of net worth, and of entitlements to pension and Social Security benefits. In addition, these data will support research on financial behavior of individuals and on the effect of social security and pensions on the holdings of other assets.

The Survey Research Center has recently completed the second wave of the survey. Follow-up, telephone intereviews with respondents from the first survey were conducted updating basic information from the original wave and adding new areas of questioning. Data from this wave will be available spring, 1987. Consideration is also being given to conducting an in-person third wave to obtain another household balance sheet.

Funding: ASPE, $1,012,096; total, $1,711,983.

Funding by Fiscal year: 1982, $750,000; 1983, $132,096; 1984, $130,000.

DISABILITY AND LONG-TERM TRENDS IN HEALTH STATUS

University of Wisconsin, Institute for Research on Poverty, Robert Haveman and Barbara Wolfe, Principal Investigators.

This project consists of several interrelated 2-year studies of disability and health status. The last 20 years have brought improvements in health status, physical fitness, and job safety, yet an increasing incidence of disability has been reported, especially among men of older working age. This study addresses the following questions: Is disability actually more extensive now, or it simply being reported more accurately because of the growing emphasis on fitness and environmental and safety factors? Do those at risk of disability now live longer because health problems are better detected, then treated? In terms of economic well-being, what role has been played by increased public transfers?

Funding: Fiscal year 1985, $226,324.

End date: July 1987.

RESEARCH ON RETIREMENT AND AGING PROJECT

Brookings Institution, Alice Rivlin and Gary Burtless, Principal Investigators.

This series of studies of retirement and aging will be issued as a Brookings publication entitled "Work, Health and Income Among the Elderly" with Gary Burtless as editor. The volume will include:

Life Insurance of the Elderly: Adequacy and Determinants.—(Alan Auerbach, University of Pennsylvania, and Laurence J. Kotlikoff, Yale University). The Retirement History Survey will be used to investigate the effect of survivors insurance—which distributes about $20 billion in benefits each year, mostly to women—on the welfare of the elderly and to determine the impact of the program on the private provision of life insurance.

Occupation, Industry and Health and their Effects on Retirement Age.—(Gary Burtless, Brookings Institution.) The Retirement History Survey will be used to study the influence of past work experience on health and mortality and then estimate the differential impact of health impairment on retirement age in different industries and occupations. The first goal of the study is to measure the influence of industry, occupation, and earnings on the health status and mortality experience of men aged 58 to 72.

Involuntary Early Retirement and Consumption.—(Jerry A. Hausman and Lynn Paquette, MIT.) The RHS will be used to examine the effect of two unexpected events—onset of poor health and layoff from a lifetime job—on retirement patterns of older workers and to determine the consequences of unexpectedly early retirement on income and consumption levels of retirees.

Life Cycle Labor Supply and the Effects of the Social Security System: A Time Series Analysis.—(Robert Moffitt, Brown University.)

Cross-sectional studies show that social security has had marked effects on the labor supply of older men. This study attempts to confirm or refute the main cross-sectional findings using time-series analysis.

Health Care, Demography, and the Aged.—(James M. Poterba, MIT and Lawrence H. Summers, Harvard University.) Movements in death rates and life expectancy were investigated to attempt to infer the main implications of current health status of the elderly.

Aging and Ability to Work: Policy Issues and Recent Trends.—(Martin Neil Baily, The Brookings Institution.) The relationship between health and retirement, and the extent to which there have been trends in the health status of the population that have affected the ability to work and the need to retire are examined.

Funding: Fiscal year 1984, $362,551.

End date: January 1987.

TAXPAYER AND EMPLOYER PROVISION OF FRINGE BENEFITS

Upjohn Institute, Stephen A. Woodbury and Wayne Wendling, Principal Investigators.

A model was developed to predict changes in the mix of total compensation in response to changes in personal and corporate income taxation and other Federal policies. The study will measure differences in the employers' cost of providing different benefits as a way of estimating tradeoffs between components of the fringe-benefits package, particularly between health benefits and pension benefits. This method should produce improved estimates of previously measured tradeoffs between fringe benefits as a whole and wages, as well as accurate simulations of response by employees to a variety of potential policy changes.

Funding: Fiscal year 1984, $71,650.

End date: January 1987.

TAX-DEFERRED INDIVIDUAL SAVINGS ACCOUNTS

National Bureau of Economic Research, David A. Wise and Steven Venti, Principal Investigators.

The work completed in this grant is reported in three separate papers. The first paper analyze only the determinants of contributions to IRA accounts, without considering their relationship to other saving. "The Determinants of IRA Contributions and the Effect of Limit Changes," will appear in *Pensions in the United States Economy,* University of Chicago Press. The net effect of IRA accounts on individual saving is emphasized in the following two papers: "Tax-Deferred Accounts, Constrained Choice, and Estimation of Individual Saving," forthcoming in the *Review of Economic Studies,* 1986 and "IRAs and Saving," forthcoming in NBER conference volume on *The Effects of Taxation on Capital Formation.*

Funding: Fiscal year 1984, $60,621.

End date: March 1986.

NATIONAL DIVORCE SETTLEMENT MODEL

Research Triangle Institute, Janet Griffith Gustavo Arcia, and Charlene Gogan, Principal Investigators.

This project models and estimates the effect of various social, economic, and legal factors on property settlements and alimony awards in divorce, using data from the 1982 Current Population Survey supplement on child support, alimony, and property settlements. The results will contribute to a better understanding of the extent to which property settlements implicitly take account of the social security earnings records which the law currently does not allow to be explicitly shared.

Funding: Fiscal year 1984, $69,494.

End date: December 1986.

SAVING BEHAVIOR OF THE ELDERLY

National Bureau of Economic Research, Michael D. Hurd, Principal Investigators.

This investigation of the basic facts of consumption and saving by the elderly, using longitudinal data (i.e., the Retirement History Survey), is considering such factors as changes in family composition, windfall gains from social security, and valuation of assets such as Social Security and Medicare. Substantial work was done to correct and impute values in the data set. A model of saving and consumption behavior was extended to include uncertain length of life and a possible bequest motive to see whether the presence of potential heirs or possible health problems affects wealth over time, thus providing evidence on whether bequest and precautionary savings motives affect lifetime savings and consumption patterns.

Funding: Fiscal year 1984, $118,289.

End date: September 1986.

SAVING BEHAVIOR OF OLDER HOUSEHOLDS

Michigan State University, Paul L. Menchik, F. Owen Irvine, Jr., and Nancy Ammon Jianakoplos, Principal Investigators.

This study uses a longitudinal data set (the National Longitudinal Survey) to construct a total household saving function. The work will test the determinants of bequests and the effect on savings of the desire to leave a bequest. The sensitivity of saving to various factors which are related to risk, such as household income variability the presence of multiple earners within the households, the prospect and receipt of private and public income transfers, poor health, and provision of health insurance is also being tested. In addition, the saving function will include the rate of return that each household earns on its portfolio.

Finding: Fiscal year 1984, $73,949.

End date: March 1987.

AN INVESTIGATION OF THE DETERMINANTS OF PENSION CHOICE AND ITS SUBSEQUENT EFFECTS ON ECONOMIC HARDSHIP AMONG WIDOWS

University of Wisconsin, Institute for Research on Poverty, Richard Burkhauser and Karen Holden, Investigators.

Used longitudinal data from the Retirement History Study to investigate relationships concerning how the pension choice made by their husbands affects the well-being of older woman as they change from wives to widows. Patterns of proverty variation by pension eligibility of the husband and by his choice of single-life or joint-life annuity are shown. An economic model of pension choice is developed and tested empircally.

Funding: Fiscal year 1984, $82,817.

End date: February 1986.

A MODEL OF PENSION PREFERENCES FOR MARRIED WOMEN

Urban Institute, Douglas A. Wolf and Sheila Zedlewski, Investigators.

The hypothesis that the pension preferences of married women are likely to differ from other workers' preferences was tested using the May 1983 Pension Supplement to the Current Population Survey. Two models, focusing on the pension demands of married women, were estimated. Some of the results are: coverage does not increase significantly with age for married women as it does for men; the positive relationship observed between earnings and coverage is not as strong for married women as it is for men; a spouse's pension coverage has strong positive influence on the worker's choice (i.e. married couples appear to share pension preferences); and the level of spouse's earnings seems to be inversely related to pension choice. In short, the analysis provides some support for the notion that the pension preferences of married women differ from married men. The results suggest that vesting rules should become a focal point for pension reform.

Funding: Fiscal year 1984, $96,963.

End date: April 1986.

THE IMPACT OF CHANGES IN PENSION REGULATION ON WOMEN'S RETIREMENT INCOME

Center for Naval Analysis and ICF Inc., David Kennell, Principal Investigator.

The pension coverage characteristics of different groups of women using data from the EBRI/HHS Special Pension Supplement to the May 1983 CPS were analyzed. The findings of this research were incorporated into the Pension and Retirement Income Simulation Model (PRISM) which is designed to simulate pension accumulation patterns of workers and their families. The PRISM model was then used to simulate the potential impacts of the Retirement Equity Act of 1984 and two other legislative programs which are designed to increase the likelihood of women receiving pension benefits. Finally, the sensitivity of PRISM to some key economic variables and model assumptions was analyzed.

Funding: Fiscal year 1984, $104,650.

End date: April 1986.

AN INTERINDUSTRY ANALYSIS OF EMPLOYER PAYROLL TAX INCIDENCE

Urban Institute, Wayne Vroman, Investigators.

Using detailed industry data, the major results of this study are: (1) Employers avoid most of all of the burden of employer payroll taxes; (2) The means used by employers to avoid payroll taxes i.e., the extent to which these taxes are shifted backwards onto money wages vs. forward onto products prices, could not be identified; (3) Efforts to determine this unknown shifting mechanism will require further study.

Funding: Fiscal year 1984, $77,742.

End date: December 1986.

EXTENDING THE DISABILITY ANALYSIS OF HEALTH DATA TO AGE 65 AND BEYOND

Boston University Center for Technology and Policy, Gerald Gordon and Ilana Plotkin-Israel, Principal Investigators, Boston University Center for Technology and Policy.

This ongoing study which began in May 1982 is using data from the Framingham Heart Study to examine the effects of raising the age of eligibility for social security retirement on individuals who may not benefit from increase in longevity experienced by the population as a whole because they are engaged in physically demanding employment or because they are unable to extend their working careers for health reasons.

Funding: Fiscal year 1982, $44,870; fiscal year 1983, $281,404; fiscal year 1985, $44,332.

End date: No end date.

PENSION PROVISION PROJECT

National Bureau of Economic Research, Zvi Bodie, John B. Shoven, and David A. Wise, Investigators.

This series of studies on pensions was presented at a March 1985 conference. The papers will be issued as a publication entitled "Pensions in the U.S. Economy" in 1987 by the University of Chicago Press for the National Bureau of Economic Research. The volume will consist of the following studies:

1. Bodie, Zvi, Alan Marcus & Robert Merton, *Defined Benefit and Defined Contribution Plans: What are the Real Tradeoffs?*

Defined benefit and defined contribution plans have significantly different characteristics with respect to the risks faced by employers and employees, the sensitivity of benefits to inflation, the flexibility of funding, and the importance of governmental supervision.

2. Bernheim, B. Douglas & John Shoven, *Pension Funding and Saving.*

The topic of this paper is the personal saving which results from the funding of pension plans. First, empirical information is presented regarding pension contributions, unfunded liabilities, assumed interest rates, and recent developments in pension funding. Second, a target saving model of pension funding with derivations of the elasticity of contributions to changes in interest rates is presented. Finally, econometric estimates are given of aggregate contributions as a function of lagged interest rates, inflation rates, the pattern of wage growth, and the behavior of the stock market.

3. Boskin, Michael J. and John B. Shoven, *Poverty Among the Elderly: Where are the Holes in the Safety Net?*

An investigation of the percentage, absolute amount and characteristics of those elderly who were not among the bulk of this group who experienced increasing real incomes and, therefore, were lifted out of poverty in the last fifteen years. The goal is both to supplement previous studies of the average or typical real incomes or replacement rates of the elderly during retirement and to highlight the heterogeneity of the change in the economic well-being of the elderly.

4. Friedman, Benjamin & Mark Warshawsky, *The Cost of Annuities: Implications for Saving Behavior and Bequests.*

Most individuals in the United States neither buy individual life annuities nor significantly run down their assets in their retirement years. This behavior sharply contradicts standard theories of consumption-saving behavior. The analysis in this paper lends support to an explanation for this phenomenon based on the interaction of an intentional bequest motive and annuity prices that are not actuarially "fair". Simulations of an extended model of life cycle saving and portfolio behavior, allowing explicitly for uncertain lifetimes and Social Security, show that the load factor charged on individual life annuities would have to be far larger than estimated levels to account for the observed behavior in the absence of a bequest motive. By contrast, the combination of a load factor in this range and a positive bequest motive can account for this behavior under plausible conditions.

5. Friedman, Benjamin & Mark Warshawsky, *Annuity Yields and Saving Behavior in the United States.*

This study improves on the authors' earlier analysis by representing the cost of annuities as the (negative) differential between the implicit expected yield on annuities and the available yield on alternative forms of wealth holding, rather than as the (positive) differential between the premium on annuities and their implicit expected value. Given the inverse relationship between yield and price for any fixed-income investment vehicle, these two forms of analysis are simply the duals of one another.

6. Bulow, Jeremy, *Pension Funding and Investment Policy.*

The purpose of this paper is to summarize the economic theory of pension liabilities and subsequently discuss funding and investment policy.

7. Frant, Howard L. & Herman B. Leonard, *State and Local Government Pension Plans: Labor Economics or Political Economy?*

The evolution of pension arrangements in different jurisdictions appears to have led to a considerable degree of local variation in plan features. The level and timing of pension benefits and of the accrual of pension rights by employees—and the work incentives thereby created—are strikingly variable across plans. The primary purpose of this paper is to describe that variation and give some insight into its sources. By examining 94 local employee public pension plans from 33 States, the goal is to describe the character and variety of public pension plans, to examine the roles played by certain features of these plans, and to assess their relative importance.

8. Lazear, Edward & Robert Moore, *Pensions and Turnover.*

This paper does two things related to correcting weaknesses of earlier work: First, it derives the appropriate pension variable to use in a regression that relates turnover to pension. Second, it constructs a new data set and applies the approach to those data. The data include explicit information on the pension formula and also on the workers who are currently employed.

9. Wise, David A. & Steven F. Venti, *The Determinants of IRA Contributions and the Effect of Limit Changes.*

Based on data obtained through a special supplement to the May 1983 Current Population Survey, the goals of this analysis are: (1) to analyze the effect of individual attributes on whether a person contributes, (2) to determine the effect of individual attributes on how much is contributed, and (3) to simulate the effect of potential changes in contribution limits on the amount that is contributed to IRA accounts.

Funding: Fiscal Year 1983, $503,000.
End date: March 1987.

FACTORS OF RETIREMENT DECISIONS: AN ANALYSIS OF THE EFFECT OF JOB CHARACTERISTICS, FINANCIAL INCENTIVES AND HEALTH STATUS

Brandeis University, James H. Schulz, P.I.

This study improves a data set collected for a previous research effort drawn from records at Polaroid and a survey of sampled individuals who had recently made a retirement decision there. Descriptive and econometric analyses of the impact of financial factors on workers with various health and job characteristics will be undertaken to estimate a structural model of the retirement decision, which will determine the precise weights associated with various factors affecting the decision.

Funding: Fiscal Year 1985, $83,419.
End date: December 1986.

JOB CHARACTERISTICS AND HEALTH EFFECTS ON EARLY RETIREMENT

Ohio State University, Gil Nestel, Principal Investigator.

The extent to which job characteristics and health status may interact to increase the likelihood that older workers retire early are being analyzed. By combining work and health-related data, the causal pathway through which job characteristics exert influence on early withdrawal from the work force can be evaluated.

Funding: Fiscal year 1985, $73,355.
End date: December 1986.

INSTITUTE FOR RESEARCH ON POVERTY SMALL GRANTS PROGRAM

University of Wisconsin, Institute for Research on Poverty.

As part of the Congressional earmark for the Institute for Research on Poverty, awards grant awards are provided to individuals not associated with the Poverty Institute for research in broad areas of government policy toward poverty. Several have some connection to research on the elderly. Among those awarded in 1986 are the following:

"The Connection Between Public Transfers and Private Interfamily Transfers." Donald Cox, Washington University.

"Government Financing of Long-Term Care for the Elderly: Policy Implications of Community Care Demonistrations." Peter Kemper, Mathematica Policy Research.

"Will Social Security Reform Alter the Incidence of Poverty Among Older Married Couples?" Olivia Mitchell, Cornell University.

The list of studies completed in 1986 with relevance to the elderly follows:

Schiff, Jerald. "Government Social Welfare Spending and Private Nonprofit Sector: Crowding Out, and More." Institute for Research on Poverty Discussion Paper Number 811-86, September 1986.

Wolff, Edward N. "Social Security, Pensions, and the Wealth Holdings of the Poor." Institute for Research on Poverty Discussion Paper Number 799-85, November 1985.

PROPOSED ASPE ACTIVITIES

For fiscal year 1986-87, the principal focus of the Office of the Assistant Secretary for Planning and Evaluations is on the collection and analysis of information to support development of strategies to hold down the costs of publicly financed health care, income assistance and human services; and to stimulate the increased provision of such aid by the private sector.

Among the new studies ASPE is considering which involve the elderly and aging are the following:

Effects of Medicaid spend-down policies on surviving community spouse.
Determinates of the supply of long-term care services.
Quality assurance in home care services.
Post-acute care for Medicare patients needing rehabilitation.
Analysis of catastrophic illness cost data.
Early retirees' health insurance.
Impact of Medicare Prospective Payment System on long-term care and the quality of care.
Sources of retirement wealth.
Incidence of poverty among the elderly.

PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Alcohol problems among elderly Americans are of increasing concern. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conducts research to determine the incidence, prevalence and treatment effectiveness of alcoholism and alcohol abuse among the elderly, and to gain a better understanding of the causes and consequences of problem drinking in this population. Because of the embryonic stage of research in alcohol and aging and the minimal data-based information available in this area, the Institute encourages applicant initiated research projects in any of the vast number of topics related to alcohol and aging.

In addition to making grant awards, the Institute is involved in a number of aging-related activities. Institute staff participated in the October 1986 Summit Meeting on Aging-Related Statistics that was coordinated jointly by the Bureau of the Census and the National Institute on Aging. NIAAA staff participate actively in the Forum on Aging-Related Statistics, an outgrowth of the Summit Meeting. The goal of this group is to encourage cooperation among Federal agencies in the development, collection, analysis, and dissemination of data on the elderly. The institute also participates in the Ad Hoc InterAgency Committee on Research in Aging (IACRA). The overall goal of IACRA is to coordinate Federal efforts on aging projects and provide an information exchange for the participating agencies. Upon request, NIAAA provides consultation to services agencies which have or are developing special services for older persons with alcohol problems.

The Institute continues attempts to raise the public's awareness of issues in alcohol and aging. Through the National Clearinghouse on Alcohol Information (NCALI), NIAAA disseminates aging and alcohol information including copies of its spring 1984 issue of *Alcohol Health and Research World* (*Vol. 8,* No. 3) which was devoted entirely to alcohol and aging. An interview with an NIAAA staff member on problems of late life alcohol use/abuse, was recorded and televised nationally in 1985 on the American Association of Retired Person's (AARP) Modern Maturity Program. The sound portion of this interview continues to be played on radio stations throughout the country. An article by United Press International (UPI) also based on an interview with an Institute staff member was published this year by various newspapers throughout the nation.

Particularly in view of the increasing growth of the older population and the increasing use of alcohol in the United States, public awareness of late life alcohol use/abuse is considered by NIAAA as especially important. The Institute is hopeful that its consciousness raising efforts both in the community and the academic world will benefit the Nation's older citizens and increase the number of research and service efforts which focus on late life alcohol use and abuse, and help prevent further problems with alcohol among the elderly.

Following is a description of the 1986 research efforts conducted or supported by the National Institute on Alcohol Abuse and Alcoholism.

NIAAA CONDUCTED RESEARCH—MEDICARE AND MEDICAID ALCOHOLISM TREATMENT DEMONSTRATION

The NIAAA and the Health Care Financing Administration concluded a 4-year demonstration in six States of extending Medicare and Medicaid benefits to include alcoholism treatment services in outpatient and non-hospital residential treatment programs. Presently Medicare and Medicaid generally do not reimburse for alcoholism treatment in settings other than hospitals; yet non-hospital settings for treatment are significantly less expensive and more widely available than are hospitals.

Under this demonstration, initiated in fiscal year 1981, alcoholism treatment services are being provided by almost 80 programs in the following States: Connecticut, Illinois, Michigan, New Jersey, New York, and Oklahoma. Connecticut and Oklahoma are demonstrating the expansion of covered services under Medicare only and the program in Oklahoma has an Indian patient emphasis.

The total amount reimbursed to Medicare clients from July 1982 through February 1985 was $3,474,964. During the first year of the demonstration, an average of $43,371 was reimbursed each month. The average reimbursement for each month of the second and third years was $122,476 and $185,560 respectively. A total of 2,402 Medicare clients participated in the demonstration through February 1985, of whom 1,318 (55 percent were over 65 years of age and 1,084 participants (45 percent were under 65 years of age. Data regarding the Medicaid participants are neither as complete nor as current as for the Medicare participants. This is because the information for Medicaid participants must be obtained from each State's information system rather than from centralized files, as is the case for Medicare data. For the first eight quarters of the demonstration, July 1982 through June 1984, there were 5,340 Medicaid clients participating in the demonstration. The Medicaid reimbursement from July 1, 1983 through June 30, 1984, was a total of $3,985,528.

An evaluation of the demonstration results is scheduled for completion in April 1987. It will report on the extent to whch the demonstration objectives were met. The health care costs of the clients before and after alcoholism treatment will be included in the report.

EPIDEMIOLOGIC RESEARCH

The NIAAA collaborates with the National Center for Health Statistics (NCHS), in the collection of alcohol-specific data. Three surveys are providing valuable information on the prevalence and nature of alcohol problems among the elderly.

(1) The NANES I Epidemiologic Followup Study: The NIAAA collaborates with the National Center for Health Statistics (NCHS) on an ongoing basis to collect alcohol use data in the Health and Nutrition Examination Survey series (HANES), with special focus relating to the elderly. A cohort of 14,407 older individuals who participated in the HANES I Study in the early 1970's was reinterviewed about health practices, habits, and health problems over the intervening 10-year period. Those who could not be interviewed due to death were followed up through death and health records that interviewed with relatives or other pertinent individuals. Cause

of death and contributing conditions as well as proxy information about the decedents have been compiled. This survey is yielding important longitudinal information about alcohol problems and health effects. Spearheaded by the National Institute on Aging (NIA), the survey significantly oversampled the elderly thus providing valuable information on changes in drinking habits with age as well as related health consequences. The complete data tapes became available in mid-1985 and a number of analyses have been initiated including trend analysis relating specific drinking patterns to particular long-term health outcomes. The inclusion of proxy respondents for decedents has allowed analyses of dietary intake, lifestyle habits, and pre-existing or chronic morbid conditions in relation both to cause of death and life expectancy. Current analyses are focusing on the determination of specific risk factors and their contribution to premature death.

(2) The National Mortality Followback Survey, 1987: NIAAA is collaborating with NCHS to study the health status and medical services received during the last year of life of a selected sample of individuals who died during the 1986 calendar year. Factors to be examined include lifetime as well as recent alcohol consumption which can then be correlated with causes of death and other contributing conditions. Since the vast majority of deaths occur among the elderly, they will be well represented in this study thereby affording the opportunity to study alcohol-related conditions in late life. Based on a pilot test, the survey instrument is currently being redrafted and will be fielded in early 1987.

(3) 1985 Health Interview Survey: Analysis of the alcohol questions in the 1985 Health Interview Survey has yielded broadly representative and very current data on alcohol use by the elderly. Although the prevalence of alcohol use by men and women 65 and over drops sharply from that of younger groups, the prevalence of heavier drinking (2 or more drinks per day), is almost the same. Thirteen percent of all men 18 or over were heavier drinkers, while 11 percent of those 65 and over were in this category. Overall, 3 percent of all women 18 and over were heavier drinkers. The same was true for women 65 and above, 3 percent were heavier drinkers.

GRANT PROGRAM IN ALCOHOL USE AND ABUSE AMONG THE ELDERLY

NIAAA, in collaboration with the National Institute on Aging and the National Institute of Mental Health (NIMH), organized and conducted a workship on the Nature and Extent of Alcohol Problems Among the Elderly. The workship was seen as an important first step in encouraging research efforts in this area, and publication and distribution of its proceedings in December 1984 assisted in stimulating new research. Two research projects were supported during Fiscal Year 1985: A 20-year followup study focusing on the impact of alcohol use and abuse on the aging process which is intended to provide estimates of alcohol-related morbidity and mortality in a population as it ages (Room, Stall & Temple AA 06580). The other is a 5-year project to study the influence of life stress and coping skills on excessive drinking among adults (Moos AA 06699). During Fiscal Year 1986, two additional research projects are being supported: A study of the need for special treatment programs for elderly problem drinkers (Mulford and Fitzgerald AA 067090), and a study of the Alcohol Use and Health of the Elderly (Coate and Grossman AA 06769). The Institute also sponsors an aging and alcohol research center as part of its Center Grants Program. A 4-year Research Center on the Elderly conducted at the University of Florida (Finger P50 AA 05793) focuses on the causes and consequences of late life alcohol abuse by employing both human and animal studies.

The NIAAA continues to stimulate additional grant supported studies in areas which remain underdeveloped, such as: alcohol-prescription-drug interactions among the elderly and treatment efficacy studies on elderly alcoholic persons. More studies comparing late onset and early onset among an elderly alcoholic population also are needed.

ACTIVE EXTRAMURAL RESEARCH PROJECTS SUPPORTED BY NIAAA

I. National Alcohol Research Center on the Elderly

A. Principal Investigator: Kenneth F. Finger.

B. Institution: University of Florida, Gainesville, FL.

C. Title of Project: Effect of Alcohol Use/Abuse Among The Elderly (P50 AA057930).

D. Project Period: 9/29/82—11/30/87.

E. Fiscal year 1986 Funds: $400,000.

The NIAAA currently supports the fourth year of a National Alcohol Research Center at the University of Florida which focuses on the causes and consequences of alcohol abuse in the elderly. Eight separate research activities are conducted by the Center. Social, psychological, and biological antecedents are examined in various subpopulations of human subjects. Animal studies also are undertaken to evaluate the interaction between alcohol abuse and aging in producing pathological changes in organ systems. This research is carried out in collaboration with the University's Center for Gerontological Studies. The eight components of this center are:

—Two epidemiological/etiological studies: (1) Data are being collected on the prevalence and incidence of alcohol abuse among elderly individuals in Florida and comparisons are being made with other age groups; (2) a social-psycological theory of alcohol behavior among the elderly is being developed and tested longitudinally.

—Changes in drinking behavior after retirement: A longitudinal prospective study for measuring human time allocation to alcohol consumption and other activities is being developed for use in a sample of retired persons. Post-retirement changes in drinking behavior are being related to pre-retirement activity patterns.

—Human autopsy study: Histology, synaptic receptors, membrane structures: The combined and separate effects of alcohol and aging are being investigated at the cellular level using brains obtained during autopsy from elderly and younger subjects.

—Comparisons of changes in aging human and rat cells induced by ethanol: Membrane (fluidity structure) and phospholipid metabolism are being examined in human and rat blood and most cells during aging and in connection with alcoholism after baseline values are correlated with physiological and psychological data obtained from human subjects.

—Development of model of chronic alcohol administration in aged rats: A model of chronic alcohol abuse is developed in an aging inbred rat strain to investigate the hypothesis that chronic alcohol administration results in severe pathological effects on the tissues of the aged animals.

—Chronic effects of alcohol and aging; autonomic control of the heart: Ethanol-induced anatomical, electro-physiological, mechanical, and receptor mediated changes are examined in the hearts of adult and old rats to develop an animal model for alcohol-induced heart disease with aging as a compounding risk factor.

—Alcohol-aging interactions in rat hippocampus: The rat hippocampal region of the brain is used as a model system to compare the pathological changes in neuronal morphology and function induced by chronic ethanol exposure in young and aged animals.

GRANT PROGRAM IN ALCOHOL USE/ABUSE AMONG THE ELDERLY

(1) A. Principal Investigators: Douglas C. Coate, Michael Grossman.
B. Institution: National Bureau of Economic Research, New York, NY.
C. Title of Project: Alcohol Use and the Health of the Elderly (ROI AA 067690).
D. Project Period: 3/1/86–2/29/88.
E. 1986 Funds: $121,672.

F. Abstract: High blood pressure, heart disease, kidney disease, infections, and respiratory problems are common to the elderly. This study seeks the extent to which alcohol use is implicated in their etiology and progress. National Health and Nutrition Examination Survey (NHANES) data for the U.S. population over age 60 will be analyzed.

(2) A. Principal Investigators: Rudolph H. Moos, John Finney.
B. Institution: Stanford University, Stanford, CA.
Title of Project: Problem Drinking and Life Stress Among Older Adults (RO 1 AA06699).
D. Project Period: 8/1/85–7/31/90.
E. Fiscal year 1986 Funds: $219,518.

F. Abstract: Implications for prevention and treatment will be drawn from identifying stressful events that result in increased drinking for an elderly population. The interview and questionnaires used will also identify responses that successfully reduce the risk for developing or resuming alcohol abuse.

(3) A. Principal Investigators: Harold A. Mulford, Jerry L. Fitzgerald.
B. Institution: University of Iowa, Iowa City, IA.
C. Title of Project: Testing The Need For Elderly Problem Drinker Programs (RO1 AA 06709).
D. Project Period: 6/1/86–5/31/89.

E. Fiscal year 1986 Funds: $120,987.

F. Abstract: This study will determine whether elderly alcohol abuse is sufficiently different from abuse by younger persons to justify problem drinking programs specifically designed for the elderly. Younger and olderly problem drinking groups in existing programs will be compared on their clinical profiles, type of utilization of alcoholism treatment, and recovery rates.

(4) A. Principal Investigators: Robin G. Room, Ronald Stall, Mark Temple.

B. Institution: Alcohol Research Group, Berkeley, CA.

C. Title of Project: Alcohol Use and Aging: A 20-year Follow-Up Study (RO1 AA06580).

D. Project Period: 2/1/85–1/31/87.

E. Fiscal year 1986 Funds: $129,232.

F. Abstract: Reinterviews with about 1,700 San Francisco men who first were identified in the mid-1960's, will relate their earlier alcohol use and abuse to changes in these patterns: determine the prevalence of alcohol-related illness: will obtain data on alcohol-prescription drug interactions—all in an elderly population.

HIGHLIGHTS OF RESEARCH FINDINGS

The NIAAA-NIA developed workshop on the Nature and Extent of Alcohol Problems among the Elderly, using household survey data from three sites, tentatively estimated the prevalence of alcohol-related problems at 2.8 percent for males, and at 0.3 percent for females. While the percentages may seem small, the number of older people effected is not. For 1985, 2.8 percent of older men would equal 322,000 individuals; and even .03 percent of older females would be 51,600 persons. Further, the estimates were based on a 6-month prevalence of psychiatrically diagnosable alcoholism, and may very well exclude those older persons who have problems with and because of alcohol, but who do not meet the more stringent psychiatrically diagnosable criteria. Indeed, the afore-mentioned 1985 Health Interview Study, which used a standard quantity/frequency measure of two drinks per day, found the prevalence of heavier drinkers to be 11 percent or 1,265,000 of the older men, and 3 percent or 516,000 older men. Because the percentage of elderly in the total population is increasing dramatically, the number with alcohol-related problems can also be expected to increase over time. If the prevalence rate were to remain constant, by the year 2000, approximately 1,518,000 older men and 636,000 older women would be heavy drinkers. It seems, however, that a cohort effect may influence drinking patterns in the later years. Today's older persons grew up during, and demonstate drinking patterns that tend to reflect the social and attitudinal environment of the Prohibition years: anti-alcohol consumption, especially for females. That today's older women comprise the bulk of the population's abstainers is not surprising. In view of increased societal acceptance and sanction of consumption of alcoholic beverages, however, the prevalence of drinking of future generations of elderly is likely to be substantially greater, especially for women. In view of the combined effects of the projected increase in size of the older population and an anticipated rise in the prevalence of heavy drinking among this age group, the number and percentage of older drinkers and problem drinkers could increase dramatically in future years. The more drinkers, presumably the greater the number of heavy drinkers, and, therefore, the greater number of problem drinkers.

The heterogeneity of older patients' responses to alcoholism treatment emphasizes the potential value of matching different groups of patients with appropriate forms of treatment. In comparison with younger patients, for example, older alcoholics seem to experience more serious and persistent cognitive impairment, especially in information processing, short-term memory, abstraction, and problem solving abilities. Such cognitive impairments need to be considered in teaching problem-solving or coping skills strategies in treatment programs. It would seem that selection of a treatment method should be determined in part by the match between the cognitive demands of the intervention and a patient's current cognitive ability.

Research findings are consistent with the idea that less disturbed patients can do well in fairly stimulating high expectation environments, while their more disturbed counterparts need a tolerant and relatively well organized setting that insulates them from too many demands. Older, impaired patients may do better in somewhat more structured environments, and clinicians may need to be especially thoughtful in selecting appropriate treatment settings and strategies for these patients. Such considerations imply that the finding of little or no difference in treatment outcome between younger and older alcoholics may stem from inappropriate treatment strategies and environment for the elderly. Yet, it is still premature to indicate what type of treatment may be most effective for older people. With additional research, perhaps more conclusive statements can be made.

In summary, while new information about late life problem drinking is continually becoming available, much more research is needed before definitive statements can be made about the prevalence of and effective treatment for elderly alcohol abusers.

NATIONAL INSTITUTE ON DRUG ABUSE

The National Institute on Drug Abuse (NIDA) has the following current activities relating to the elderly:

—The University of California at Berkeley has a NIDA grant to examine the ways elderly people cope with stress. The study identifies cases of drug abuse, evalautes sources of stress, as well as the resources and styles of coping for the drug using and non-using elderly.

—NIDA is providing technical assistance to the National Institute of Mental Health (NIMH) Epidemiologic Catchment Area study for the analysis of their data to study drug abuse among the elderly and some of the psychological correlates of abuse.

—Duke University is continuing to study drug effects in an elderly population under a NIDA grant. A recent progress report included a series of studies evaluating the performance effects of diazepam (valium), a commonly prescribed minor tranquilizer. The evaluations included psychomotor tasks being performed by the elderly subjects ranging in age from 59 to 76 years old. Most of the tasks in this study assess ability similar to those used in daily activities, such as in driving, especially during the first hour after drug ingestion.

NIDA continues to disseminate the following publications dealing with the elderly:

—*Elder-Ed—Using Your Medicines Wisely.*—An education program for older Americans for the prevention of medication misuse.

—*Drug Taking Among the Elderly.*—Reports on a study to explore the dangers of drug misuse among older persons.

—*Drugs and the Elderly Adult*—Contains an extensive bibliography, abstracts of important articles, and summaries of content areas relating to drug abuse and the elderly.

NIDA's elderly-related activities now include the Elder-Ed film entitled "Wise Use of Drugs: A Program for Older Americans" which is available from NIDA's free loan collection. The film is a three-part, 2-hour drug use education program for the elderly and includes:

—Drug problems, communicating with doctors;

—Buying drugs wisely;

—Taking drugs carefully, focus on healthy aging.

A group leader's guide and copies of *Using Your Medicines Wisely* are included with the film.

NIDA staff participated in the Summit Meeting of Aging-Related Statistics which was co-sponsored by the National Institute on Aging and the Bureau of the Census. This meeting resulted in the formation of the Forum on Aging-Related Statistics. NIDA is participating in the Forum and will participate in one of the working committees.

NATIONAL INSTITUTE OF MENTAL HEALTH

The mental Disorders of the Aging Research Branch is the focal point for the support of aging programs at NIMH. The Mental Disorders of the Aging Research Branch stimulates and supports research; the training of researchers and clinicians; the development and dissemination of information to researchers, clinicians, and the public; and consultation with service planners and providers over the design and delivery of mental health services to the elderly. The goal of these programs is the integration and mutual reinforcement of research education, and services consultation around particular themes and branch priorities such as the major mental disorders, health and behavior, and family stress and burden. As a national resource, the goals of program development activities continue to be:

—Leadership in anticipation and stimulation of significant research directions;

—The development of collaborative activities whereby the full power of Institute and PHS program perspectives could be brought to bear upon issues of mental health and aging; and

—The contribution of research and clinical insights to the policy processes around such diverse issues as: reimbursement, service development, and the design of policy relevant demonstrations.

A major thrust of the Branch program has been collaboration with the pharmaceutical industry, corporations, foundations, and other private sector programs in the development and support of research and the dissemination of materials and information. This type of program orientation is built upon aggressive outreach and stimulation of particular types of research by the Branch staff and strong promotion, guidance, and consultation over particular directions of research. Staff involvement has resulted in a comprehensive and well-articulated research program which would be unattainable through more reactive channels relying strictly upon investigator-initiated applications to determine the direction for the program.

In fiscal year 1986 the core program budget of the Branch was increased nearly 64 percent to $10,296,000 for research grants and contracts; $252,000 for postdoctoral research training grants; and $1,718,000 for clinical training grants. As a result of the 1986 reorganization of the Institute, several additional projects were assigned to the Branch, thus increasing the resources available.

In the coordination of all support mechanisms the Branch provides special situations where research, research training, clinical training, and the clinical practice that accompanies such training are mutually supportive and interact to produce important advances in the field. The close ties between research, education, and practice in aging and mental health have enriched the field and provided significant impetus for program development.

MENTAL DISORDERS OF THE AGING BRANCH

Core Program Budget Fiscal Year 1986 (total costs)

Research program:	
Research grants	$7,552,00
Small grants	23,000
Career development	699,000
Clinical research centers	2,022,000
Research training	252,000
Clinical training	2,718,000

This report provides information on program developments in the area of research, research training, and clinical/services training, and also provides information on developments in mental health services to the elderly.

PROGRAM ACTIVITIES

In the past year, substantial advance has been made in the development of aging research in mental health. Significant progress continues to be made in the area of Alzheimer's disease. The Department-wide Task Force, chaired by the Assistant Secretary for Health and staffed by NIMH, continued its investigation of the field. This increased attention by Alzheimer's disease has involved NIMH in a variety of efforts, both within the Branch program and that of other branches of the Institute, and also in collaborative efforts with the National Institute on Aging (NIA) in the development of a Request for Applications for Alzheimer's Disease Research Centers. This initiative has resulted in the funding by NIA of 10 Alzheimer's Disease Research Centers in the past 3 years.

In addition, in accordance with an initiative developed within the NIMH planning process, a special announcement soliciting applications for research on mental illness in nursing homes was issued in fiscal year 1985; the first approved applications in this area were funded in 1985 but the major impact of the RFA were seen in fiscal year 1986. A second announcement, soliciting research on family stress and the care of Alzheimer's disease victims was developed in response to Congressional action and was issued in April 1985.

These are the first area-targeted announcements in aging issued by NIMH, and, though it is much too early to assess their impact, it is clear that each as been the focus of great excitment and interst in the research community. An unexpectedly large number of applications has been approved and many have been funded.

The foundation or infrastructure of the broad areas of mental health and aging has been advanced through a number of efforts. In research training, postdoctoral training programs were expanded to increase the number of new investigators in the field. Career development awards were made to 13 new investigators in the field. In addition, in fiscal year 1986, two new Clinical Reseach Centers on Psychopathology of the Elderly were established.

In sum, the program on the aging continued to grow and to move into new areas in fiscal year 1986. Work in several areas was strengthened, and several new initiatives were advanced. The basic structure of the field was addressed, and research resource issues of a variety of kinds were promoted. The fundamental structure of the Aging Branch program was strengthened through reorganization this year, and the commitment to coordination and collaboration held steady. While concentrating on several issues, e.g., Alzheimer's disease, health and behavior, treatment assessement, and family stress, spread and diversity in the program were maintained through collaboration. Several collaborative mechanisms were used; all involved supplementing ongoing grants or cooperative agreements to add an elderly subject group to an experimental protocol, or to oversample the elderly in community surveys of adults, or they involved sharing the costs of certain projects and had major focus on the elderly. These arrangements have consumed a substantial proportion of the Aging Branch research allocation each year and have succeeded in effectively multiplying the commitment to aging research in the Institute.

Program Guidelines

The research program of the Mental Disorders of the Aging Research Branch is divided into four general areas of support: clinical research, treatment assessment studies, services research, and prevention and behavoiral studies. The Branch supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. A wide-ranging multidisciplinary set of theoretical, applied, and policy studies is funded. Almost all of the Institute's research support programs are involved in the NIMH/ADAMHA-wide, coordinated effort. In this way, NIMH has not only mounted a targeted effort to address issues in aging through its Aging Branch but also brought the strengths of all its generic programs to bear on mental health and aging programs. In addition, the Branch is active in stimulating collaborative efforts between different Federal programs and agencies. Diverse strengths and resources are brought together through the program coordination plan develope by the Branch. The Branch research program emphasizes the following subjects:

—Causes, treatment and prevention of Alzheimer's disease, senile dementia and related disorders, with special attention to differential diagnosis, test of memory-enhancing agents, and issues of co-existing illness and excess disability;
—Causes, treatment, and prevention of depression in older persons (including investigations of the relationship of depression to dementing disorders, suicide, alcoholism, medical disease, and other behavioral disorders);
—Causes, treatment, and prevention of behavioral disturbance and dysfunction, with special reference to agitation, assaultive/aggressive behavior, confusion, disorientation, and other behavioral problems;
—Development and refinement of pharmacologic and psychosocial treatments with special attention to efficacy, safety, side/effects, mechanisms of action, and drug/drug interaction;
—Behavioral medicine and the interface of physical illness and mental disorders in later life;
—Chronically mentally ill elderly with special attention to treatment and management of schizophrenia and to psychosocial and behavioral approaches to quality of life;
—The design and refinement of methods for treatment intervention, clinical trials, and service delivery models for the elderly;
—Mental illness in nursing homes;
—Effects of families, support systems and self-help groups on the care of the older persons with significant mental disorders;
—Family stress and the care of Alzheimer's disease victims;
—Prevention of pathology among elderly at risk for mental illness;
—Geriatric mental health academic awards for the support of clinician investigators in geriatric psychiatry and psychiatric nursing; and
—Clinical research centers in psychopathology of the elderly.

Extramural activities include the stimulation and support of research in such diverse areas from differential diagnosis, through the application of advances in PET and MRI scan technology, to the role of the family in sustaining community-dwelling patients with Alzheimer's disease; consultation with service planners and providers over the design and delivery of mental health services; collaboration with the pharmaceutical industry, other corporations, foundations, and private sector programs in the development and support of research and the dissemination of materials and information and collaboration with other Federal programs where strong, well-established technologies and specialized expertise already exist. These activities have been developed in the face of substantial need in the field of mental health and aging.

—Five percent of the Nation's aged live in institutions. Of these, about 12 percent are in mental hospitals, with the remainder in nursing and other types of homes for the aged and the chronically ill.
—The elderly comprise 5.5 percent of admissions to State and county mental hospitals and 27 percent of the resident patients.
—Approximately 80 percent of those aged 65 or older who live in nursing and personal care homes have some degree of metal impairment. The national expenditure for nursing home car is estimated to exceed $20 billion annually.
—Only 3.8 percent of the outpatient psychiatric service admissions are aged 65 and over.
—An estimated 10 to 25 percent of the aged in the community have some degree of mental impairment.
—The death rate for suicide among the elderly is highest at age 55 and over (18.5 per 100,000, as compared with 12.6 per 100,000 for all ages).
—Approximately 44 percent of all males aged 55 and over admitted to inpatient services of State and county mental hospitals has a primary diagnosis of alcohol disorders.

Clinical Research Centers on Psychopathology of the Elderly (CRC/PE)

The CRC/PE Program is intended to provide stable, sustained support to a limited number of centers, each comprised of a core group of investigators who have access to elderly clinical populations, for the development of integrated sets of innovative, multidisciplinary, and indepth clinical research studies of the mental disorders in later life. It is anticipated that such centers will provide a milieu which encourages creative thinking about promising hypotheses; a resource for the development of new clinical researchers; and an environment of excellence which will assure the highest quality research and leadership in their chosen areas of investigation. Centers are expected to have a specific theme or problem focus. A CRC/PE will be situated in clinical treatment settings with demonstrable interest in the study of mental health and aging. Centers are expected to have a treatment milieu in which behavioral and biological scientists *and* clinicians can interact and study problems of etiology, classification, assessment, mechanisms, course, and psychotherapeutic and/or somatic treatment of particular mental disorders common in later life. A specific announcement is available for this program.

In fiscal year 1986, five new and continuing awards in this program were made: centers at Stanford University and at the University of Rochester will focus on neuropsychiatry and issues of diagnosis, clinical course, and excess disability in Alzheimer's disease; the centers at Duke University and University of California at Los Angeles will focus on several aspects of depression, and the center at Philadelphia Geriatric Center will focus on issues of psychopathology in the nursing home setting.

Collaborative Activities

Not all activities in mental health and aging can or should be supported or administered by the Mental Disorders of the Aging Research Branch. Certain research issues are best conceptualized as life-course or adulthood issues in which the elderly fit only as part of the study. In these types of circumstances, the Aging Research Branch has established mechanisms for joint funding, while still maintaining fiscal control of the funds. Projects have been cofunded with other programs of the NIMH, with the National Institute on Aging, with the National Institute of Neurological and Communicative Disorders and Stroke, with the National Heart, Lung, and Blood Institute, with the National Institute of Handicapped Research of the Department of Education. In this way, the total aging research effort of the Institute is expanded and multiplied. In addition, service demonstrations focusing on the mental health needs of the elderly have been supported in the programs of the NIMH Division of Education and Service System Liaison; staff of the Aging Research Branch had major involvement in the framing of this initiative.

Intramural Research

The objectives for research in the Institute's Unit on Geriatric Psychopharmacology are to test existing theories and create new hypotheses relating to the biological, psychological, cognitive and affective changes that occur through the aging process. Further, its objective is to perform research that illuminates the differences between normal aging and pathologic conditions such as dementia or depression, synthesizing work from specific disciplines as well as interdisciplinary efforts. Several joint intramural/extramural activities have been undertaken, most notably a research workshop on coexisting dementia and depression; the papers form this workshop will be published in 1987.

Relationships with the National Institute on Aging

The mandate given to the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons 65 years of age and older now constitute approximately 11 percent of the population and display the highest incidence of new cases of psychopathology, a significant portion of the NIMH effort should be directed toward the mental health problems and needs of this age group. The basic focus of NIMH efforts must be on mental health. When applied to this age group, the essential considerations are the manner in which aging affects mental health and the influence of mental health upon aging.

In this context NIA's interest starts with the aging process itself, whereas NIMH's approach begins from the perspective of the mental health and illness of older people. From another vantage point, while NIA looks at biomedical, social, and behavioral aspects of aging with regard to development, NIMH studies adaptive and aberrant psychosocial functioning of the elderly with attention to etiology, prevention, treatment, ad service delivery as they relate to mental disorders in later life. The two Institutes also differ in a fundamental structural sense. NIA's focus is targeted specifically toward research and research training, while NIMH's Aging Branch program encompasses services and clinical training in addition to research and research training efforts.

Since 1974, staff of the NIMH Aging Branch have served on the Interagency Committee on Research in Aging. This committee, chaired by the Director of NIA, and in conjunction with the National Advisory Council on Aging, helped define the research goals of the NIA and now meets regularly for purposes of coordination and consultation.

Finally, a considerable array of formal and informal relationships exists between the NIMH Aging Branch and the National Institute on Aging. Research applications of interest to both organizations are dually assigned. On occasion, projects with dual assingments, approved by the primary Institute but for which sufficient funds are not available, have been transferred to the secondary Institute for funding consideration.

The Alzheimer's Disease Task Force

In April 1983, the Secretary of HHS established a Task Force on Alzheimer's disease. The Task Force is chaired by the Assistant Secretary of Health, and membership includes the Assistant Secretary for Planning and Evaluation, the Surgeon General, the Directors of NIMH, NIA, NINCDS, NIAID, the Commissioner on Aging, and representatives of the Veterans Administration and Health Care Financing Administration. Staff support is provided by NIMH. The Task Force coordinates research on Alzheimer's disease, shares information, identifies promising research directions, and provides a vehicle for translating the research into policy and program. The first report of the Task Force was published in September 1984 and an update was published in May 1986, and includes many significant recommendations for research initiatives in Alzheimer's disease. In a special financing recommendation, the Task Force recommended removing the $250 Medicare reimbursement limitation on outpatient psychiatric services, except for psychotherapy, for those with Alzheimer's disease. The recommendation has been implemented by the Department.

RESEARCH HIGHLIGHTS

Senile Dementia/Alzheimer's Disease

Of the disorders associated with advancing age, senile dementia of the Alzheimer's type strikes more elderly people than any other brain disease, with an estimated 4 to 15 percent of the over-65 population affected with some type of dementing disorder. In view of the great need for more fundamental information about the dementing disorders of middle and late life, NIMH has actively embarked on a support program to stimulate researchers to study these problems.

A recurrent problem in clinical research and treatment of elderly persons is differentiating normal, age-based changes from pathological states and, among these, distinguishing changes due to senile dementia from those due to depression. Memory loss and general cognitive change, mood changes, alterations in sleep patterns, and energy deficits have all been identified in the process. NIMH-supported projects dealing with assessment, clinical course, differential diagnosis, model diagnostic procedures, and sleep problems are all leading to significant advances in the field.

A research group at the Albert Einstein College of Medicine in New York has characterized a protein that appears to be specific to the brains of Alzheimer's patients. (MH 38623 "Aging and Dementia: Cholinergic Neuron Biochemistry", Peter Davies, Ph.D., Albert Einstein College of Medicine.)

It has been well-known that neuritic plaques and fibrillary tangles are characteristic abnormalities of Alzheimer's disease; yet short of a very risky brain biopsy, no definitive in-vivo test for the disease exists. This research, using monoclonal antibody technology, has identified a definitive marker for the plaques and tangales of Alzheimer's disease as differentiated from normal aging and from other dementias, e.g., Pick's disease. Since the protein is very soluble, potential applications in live patients are possible.

As this research develops we have the prospect for identifying a definitive diagnostic marker for Alzheimer's disease. At the present time, diagnosis is one of exclusion and can be made definite only at autopsy. This results in an estimated error rate of 15-20 percent in even the most sophisticated diagnostic centers. A definitive diagnostic test would be great utility in both case identification and treatment planning.

The search for an effective treatment for Alzheimer's disease (AD) continues to expand and intensify. The hypothesis on which many clinical trials are based holds that disturbances in the synthesis of the neurotransmitter acetylcholine are implicated in the memory loss and other cognitive symptoms that are the hallmark of AD. This "cholinergic hypothesis" led to generally unsuccessful clinical trials over the past several years with the acetylcholine precursors choline chloride and phosphatidylcholine (lecithin). More recently, trials have been conducted with compounds that prevent the degradation of acetylcholine or affect the receptor sites. Acetylcholinesterase inhibitors such as phyostigmine and tetrahydroaminoacridine have been shown to exert a clinically modest but statistically significant effect on memory in some AD patients. Muscarinic agonists such as the drug arecoline have also been shown to exert such affects.

The quite modest magnitude of clinical effects obtained with cholinergic drugs to date suggests to some investigators that either inadequate levels of the drugs are reaching the brain or that more complex intervention strategies are necessary. The former consideration led to a highly publicized pilot study at Dartmouth Medical School, in which the muscarinic agonist bethanecol was delivered through an implantable pump and catheter directly into the brains of four AD patients. This small study established that the procedure is workable and led to a grant application (MH 40501 "Muscarinic Agonist Treatment for Alzheimer's Disease", Robert Harbaugh, M.D., Dartmouth College, that was funded). This study will test the efficacy of the treatment in a larger, carefully controlled study and will provide a valuable test of the "cholinergic hypothesis." The possibility that more complex intervention strategies are necessary is strengthened by recent studies showing multiple neurotransmitter and metabolic deficits in AD. Among the combination treatment approaches now being tested clinically are two studies in which lecithin is combined with the "metabolic enhancer" piracetam. Pilot studies suggest that this combination may be of some therapeutic utility. Other studies are developing and testing "cocktails" based on multiple neurotransmitter deficits in such areas as the noradrenergic system. (MH 32724 "Monoamine Systems in Dementia", Suzanne Corkin, Ph.D., Massachusetts Institute of Technology.)

The prospect of developing an effective treatment for Alzheimer's disease is of enormous public health significance; at this point no such treatment exists for the 2+ million victims of this disease. Stress associated with family-based care of the elderly has significant social and emotional consequences. (MH 3252 "Parent Care, Sibling Relationships, and Mental Health", Elaine Brody, MSW, Philadelphia Geriatric Center.)

Contrary to the myth that families abandon the elderly to institutional care, a decade of research as established beyond question that families go to extraordinary lengths to care for their elderly. Most older people have family members available and willing to help. Typically the entire family is not directly involved in providing care; rather, a single, principal caregiver—most often the spouse or an adult daughter—usually has the responsibility. Caring for a disabled older person can place serious burdens on the family. Approximately one-third of care providers spend more than 40 hours a week in direct personal care activities. This time commitment necessarily involves financial sacrifice as well.

In an ongoing study of family support, Elaine Brody selected matched samples of working and nonworking caregivers. She found that one-fourth of those not currently in the labor force had left jobs to care for an elderly parent. A similar proportion of women caregivers who were still employed were considering reducing their work commitment in order to devote more time to caregiving.

The psychological and emotional burdens of providing care have also been studied extensively, and increases in depressive symptomatology, anxiety, and other stress-related morbidity have all been identified.

This research implies that treatment of an older person necessarily includes involvement with the family. Families are not only active participants in care but, by and large, willing and proactive partners. In addition, families themselves need support, and they can often benefit from mental health interventions directed toward them. Many such interventions—both therapeutic and preventive—are being used with families caring for the older disabled person. Self-help and mutual support groups are growing in popularity and effectiveness.

The special burdens associated with the care of Alzheimer's disease victims have been identified in several studies. In one of these, a component of the Stanford Clinical Research Center of Alzheimer's Disease (MH 40041 "Clinical Research Center on Alzheimer's Disease", Jerome Yesavage, M.D., Stanford University). Drs. Yesavage, Gallagher and associates found that an estimated 40 percent of the spouses of Alzheimer's disease patients suffer from major depressive disorders (as identified by research diagnostic criteria).

Though this work continues to produce exciting scientific and clinical hints and clues, no firm drug treatment development has emerged. Two major stumbling blocks exists.

The first of these impediments concerns the lack of concordance between drug effects observed in animal models of aging and AD and those observed in clinical trials. This problem is being addressed through a major collaborative effort involving Branch staff, Drs. Steven Ferris and Charles Flicker at New York University, and Dr. Raymond Bartus at the American Cyanamid Company. The objective of this collaboration is the development of homologous behavioral tests in humans and non-human primates to allow effective screening of large numbers of drug possible utility in AD. A new animal model of AD is being developed and several homologus tests for humans have already been published. A second impediment is the lack of valid and reliable clinical assessment instruments for assessing drug effects in AD. This problem is being addressed through multiple collaborative research projects involving Branch staff and through funding of innovative grants to develop new instruments. For example, collaborative projects are underway at New York University to develop psychometric tests closely related to AD symptomatology, at Massachusetts Institute of Technology to develop a standard test of apraxia, a frequent symptom of AD, and at the University of Arizona to develop a standard test of language deficits in AD.

In order to stimulate new research in this area NIHM staff developed a new publication edited by Thomas Crook of Memory Assessment Clinics, Inc. (formerly a staff member of NIMH), Raymond Bartus of Lederele Laboratories, Steven Ferris of New York University and Samuel Gershon of Wayne State University. This book, "Treatment Development Strategies for Alzheimer's Disease" was published in September 1986 and distributed free of charge to researchers in the United States, Europe, and Japan. A model of public sector/private sector collaboration, the publication and distribution of the book were financed solely through foundation and corporate contributions.

While memory impairments are usually considered the cardinal features of Alzheimer's disease, families of Alzheimer victims often complain most vociferously about the agitation, wandering, sleeplessness, and other psychiatric symptoms that can accompany the illness. Acute and chronic signs of depression are also often present in Alzheimer patients, but the symptoms are difficult to elicit, and the patients do not always conform to the customary profile of depression in the adult population. Thus, potentially reversible manifestations of Alzheifner's disease are frequently underdiagnosed. The NIMH Intramural Alzheimer's program is currently studying the behavioral phenomenology associated with dementia and developing a series of new research instruments to better characterize and measure these psychiatric symptoms.

Earlier studies from the Intramural Alzheimer's program have shown that there may be biological links between geriatric depression and Alzheimer's disease in addition to the behavioral comparisons just described. Similarities in response to neuroendocrine challenges such as the dexamethasone suppression and thyrotropin stimulation tests as well as parallel reductions in cerebrospinal somatostatin in the depressed and dementia populations have led us to speculate about the possible response of Alzheimer's patients to antidepressant medications. Preliminary findings from a pilot study of monoamine oxidase inhibitors have revealed encouraging behavioral results, so the intramural group has embarked on a long-term study of these agents in Alzheimer's disease. While the connection between depression and dementia should not be exaggerated, the possible uncovering of any reversible of treatable aspect of Alzheimer's disease must be pursued aggressively, as the other current therapeutic options are still quite bleak.

From a more theoretical point of view, the NIMH Intramural Alzheimer's program is continuing to assess the functional status of brain neurotransmitter systems in dementia by means of a series of pharmacologic challenge tests. In the last year, we have developed evidence that may help in the earlier diagnosis of Alzheimer's disease by showing that dementia patients appear more sensitive to anticholinergic drugs than age-matched subjects without dementia. In addition, we have completed an extensive study of naloxone in Alzheimer's disease. Although demonstrating a lack of beneficial cognitive effects, this study did show behavioral changes and should provide a useful guide to other researchers investigating naloxone in dementia. Current projects are focusing on the response of Alzheimer's patients in other neuropharmacologic agents such as a selective MAO-B inhibitor, deprenyl, in the treatment of elderly depressed, demented patients as well as specific cholinergic and serotinergic drugs. It is our hope that these and other ongoing tests will help in the development of new strategies for the characterization and treatment of Alzheimer's disease.

RESEARCH DIRECTIONS FOR FISCAL YEARS 1987 AND 1988

Alzheimer's disease: The Branch will aggressively pursue research developments in the treatment and management of Alzheimer's disease, with only modest attention being devoted to etiology and pathogenesis. Rational approaches to treatment development will be pursued by following and supplementing the cholinergic hypothesis to incorporate approaches to other neurotransmitter deficits. As the technology of drug delivery improves, we expect that further developments around implantable pumps and other approaches will be proposed for evaluation. At the same time, nonsomatic approaches to the management of symptoms such as agitation, sleeplessness, and other behavioral problems with a special focus on family issues will continue to be a strong focus of the Center program as will the development of a stronger services research approach in these areas.

Depression: While studies of depression are increasingly showing that treatments, both somatic and nonsomatic, are effective in many older persons, it is also the case that approximately 25 percent of the elderly with depressive illness do not respond to any treatment. This significant nonresponse will emerge as an important programmatic issue, and one which may well cause serious reconsideration of many of the basic mechanisms in depression in general and in late-onset depressive illness in particular.

Chronically Mentally Ill Elderly: The survival into old age of many of those with lifelong chronic mental illness is a new phenomenon in our Nation. In addition, the emergence of late-onset schizophrenia or paraphrenia, long acknowledged in Europe, has finally been recognized in the United States, and the revision of the Diagnostic and Statistical Manual, 3rd edition, of the American Psychiatric Association (DSM IIIR) will incorporate this new category. We expect that this action, along with our fiscal year 1985 conference and other program development activities, will result in a substantial amount of new research activities in the clinical, psychosocial, and services areas.

Delirium is reported to occur in approximately 10 percent of all patients admitted to acute medical and surgical services. Moreover, the incidence of this frequently under-diagnosed and under-reported disorder is significantly higher on acute geriatric services, where figures as high as 80 percent are not uncommon. There is little question that advancing chronological age is intimately bound up with enhanced vulnerability to delirium. Many unanswered issues remain, however, regarding the impact of normal age-related changes on cognition, sleep and affect and their implications for manifest symptomatology delirious states.

Behavioral dysfunction within diagnostic categories have been rarely addressed from the treatment and management perspective. Issues such as agitation, assaultive or aggressive behavior, sleep-disturbance, wandering, etc., are frequently found both in nursing homes and in the community and are the source of great difficulty in patient care.

CLINICAL TRAINING HIGHLIGHTS

In geriatric mental health the number of well-trained specialists is so small in relation to the size of the problem, that NIMH training support is focused on the development of a cadre of teacher/clinicians who will influence the training of professionals in the core mental health disciplines. This is necessary because most older persons have their mental health problems treated by professionals who are not specialists in geriatrics.

The Institute's program in mental health manpower development and training has focused on training efforts designed to improve mental health and related services to the aging within both the established mental health service delivery system (e.g., State mental health hospitals, community mental health centers, etc.) and the mental health-related support systems (e.g., senior centers, long-term care facilities, etc.). In fiscal year 1986 NIMH awarded 53 new and continuing grants in these areas, providing basic professional, graduate, postgraduate or continuing education for (1) the faculty development award, which is designed to prepare teachers of geriatric mental health in clinical training centers where no local resource faculty currently exist; (2) postgraduate specialty training to increase the pool of potential faculty members; and (3) geriatric training models for incorporation into the curriculum of general disciplinary training programs.

MENTAL DISORDERS OF THE AGING RESEARCH BRANCH

[Clinical training awards, fiscal year 1986]

Number	Project director and Institution	Discipline	Amount of award
Faculty development:			
1 T01 MH18470-01	Carvell, Michael C.—Penn State University	Psychiatry	$52,674
5 T01 MH18294-02	Dietch, James T.—University of California	Psychiatry	50,629
5 T01 MH18312-02	Johnson, Frank A.—University of California	Psychiatry	47,229
1 T01 MH18625-01	Lewis, Marion D.—University of Michigan	Nursing	47,338
2 T01 MH17670-02	Rees, Barbara L.—University of New Mexico	Nursing	48,088
5 T01 MH18291-02	Woodward, Elizabeth S.—Northwestern State University of Louisiana.	Nursing	44,550
P.G. speciality training:			
2 T01 MH17708-04	Bienenfeld, David G.—University of Cincinnati	Psychiatry	88,434
2 T01 MH17211-04	Bonacci, David D.—University of Rochester	Multidis	59,780
5 T01 MH18089-03	Cohen, Carl I.—SUNY, NY	Psychiatry	83,872
1 T01 MH18624-01	Foster, Jeffrey R.—NYU Medical Center	Multidis	88,215
1 T01 MH18766-01	Gatzz, Margaret J.—University of Southern California	Psychology	69,973
5 T01 MH18306-02	Grossberg, George T.—St. Louis University	Psychiatry	37,099
2 T01 MH17161-04	Gurian, Bennett S.—Harvard Medical School	Multidis	86,488
2 T01 MH17383-04	Gutmann, David L.—Northwestern University	Psychology	65,354
5 T01 MH17673-03	Judd, Lewis L.—University of California	Psychiatry	66,592
5 T01 MH18106-03	Kemp, Bryan J.—University of Southern California	Psychology	61,647
5 T01 MH180082-03	Lazarus, Lawrence W.—Russ Presbyt-St Luke's Medical Center IL.	Psychiatry	86,319
5 T01 MH18047-03	Laughlin, Philip R.—VA Medical Center, IA	Psychology	49,739
5 T01 MH18044-03	Lightfoot, Orlando B.—Boston City Hospital, MA	Psychiatry	69,048
2 T01 MH17632-04	Moore, James T.—Duke University	Multidis	88,485
2 T01 MH17545-04	Nelson, John P.—Western Psychiatric, PA	Psychiatry	50,469
5 T01 MH18204-03	Pinkston, Elsie M.—University of Chicago, IL	Social Work	57,318
5 T01 MH18316-02	Rabins, Peter V.—Johns Hopkins University	Psychiatry	44,338
2 T01 MH17162-04	Reifler, Burton V.—University of WA, WA	Multidis	93,798
1 T01 MH18468-01	Santos, John F.—University of Notre Dame, IN	Psychology	64,462
2 T01 MH17392-04	Schneider, Lon S.—University of Southern California	Psychiatry	56,160
2 T01 MH17340-04	Shamoian, Charles A.—Cornell University	Psychiatry	92,464
2 T01 MH17251-04	Spar, James E.—University of California, LA	Multidis	78,573
2 T01 MH17621-04	Thompson, Larry W.—VA Medical Center, CA	Psychology	88,176
1 T01 MH18764-01	Yesavage, Jerome A.—Stanford University	Psychiatry	60,998
Geriatric training models:			
2 T24 MH17592-04	Adlestein, Joseph—Pennsylvania State University	Psychiatry	25,447
5 T24 MH17649-03	Beaver, Marion L.—University of Pittsburgh	Social Work	25,732
5 T24 MH18088-03	Cohen, Carl I.—SUNY NY	Psychiatry	12,409
1 T24 MH18546-01	Evans, Lois K.—University of Pennsylvania	Nursing	42,465
5 T24 MH18084-03	Foster, Jeffrey R.—NYU Medical Center	Psychiatry	12,439

MENTAL DISORDERS OF THE AGING RESEARCH BRANCH—Continued

[Clinical training awards, fiscal year 1986]

Number	Project director and institution	Discipline	Amount of award
5 T24 MH18135-03	Gatz, Margaret J.—University of Southern California	Psychology	25,244
1 T24 MH18498-01	Gottlieb, Gary L.—University of Pennsylvania	Psychiatry	53,230
1 T24 MH18547-01	Hall, Joanne E.—Oregon Health Sciences University	Nursing	40,877
5 T24 MH18075-03	Harkness, E. Gail—University of Kansas	Nursing	40,745
5 T24 MH18120-03	Harris, Oliver C.—University of MD	Social Work	20,147
5 T24 MH18163-03	Heacock, Patricia—University of Arkansas	Nursing	26,517
1 T24 MH18752-01	Hernandez-Peck, Maria C.—Eastern WA University	Social Work	39,340
1 T24 MH18678-01	Holtzman, Reva F.—Hunter College	Social Work	40,865
1 T24 MH18544-01	Jackson, Helene C.—Boston College	Social Work	47,422
5 T24 MH18066-03	Katz, Ira A.—Medical College of Pennsylvania	Psychiatry	11,666
1 T24 MH184449-01	Kumar, Vinod—Southern Illinois University	Psychiatry	44,572
1 T24 MH18677-01	Nathan, Robert J.—Hahnemann University	Psychiatry	38,476
5 T24 MH17696-03	Pfeiffer, Eric—University of South Florida	Psychiatry	13,276
5 T24 MH18068-03	Santos, John F.—University of Notre Dame	Psychology	36,842
2 T24 MH17377-04	Wilcox, Frances M.—Hutchings Psychiatric	Psychology	52,573
5 T24 MH18059-03	Wood, Vivian I.—University of WI-Madison	Social Work	27,176
2 T24 MH17650-04	Wykle, May L.—Case Western Reserve	Nursing	61,746

MENTAL DISORDERS OF THE AGING RESEARCH BRANCH

CLINICAL TRAINING AWARDS, FISCAL YEAR 1986

FACULTY DEVELOPMENT

Grant No./Pref/Suf: 1 T01 MH18470-01; Institution: Pennsylvania State University, PA; Project Director: Michael Carvell, MD; Year of support: 1 of 1 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Faculty Development Award (Psychiatry) in geriatric mental health with the aim of preparing the applicant to assume responsibility for providing the leadership of a comprehensive geriatric mental health program within the Department of Psychiatry, including planning, development, and administration of comprehensive service programs; curriculum for medical students and residents; and community training programs.

Grant No./Pref/Suf: 5 T01 MH18294-02; Institution: University of California; Project Director: James Dietch. MD; Year of support: 2 of 2 approved yrs.; Prior yr. award-TC: $48,014(D)/$51,855(T).

Project Description: This is a Faculty Development grant (Psychiatry) to enable the applicant to advance his professional development and to contribute to the status of geriatric psychiatry. By the end of the project, Dr. Dietch will have accomplished the goals set forth originally with increased knowledge about mental health problems of the aged and will have learned new techniques to treat and manage such problems.

Grant No./Pref/Suf: 5 T01 MH18312-02; Institution: University of California; Project Director: Frank Johnson, MD; Year of support: 2 of 2 approved yrs.; Prior yr. award-TC: $43,731)D)/$47,229(T).

Project Description: This is a Faculty Development grant (Psychiatry) for an experienced psychiatrist to redirect his career into the area of geriatrics. In the first year Dr. Johnson listed 7 specific goals and discusses the progress of these in detail in his application. In this final year, Dr. Johnson plans to continue his professional development through research, teaching, and clinical practice.

Grant No./Pref-Suf: 1 T01 MH18625-01; Institution: University of Michigan; Project Director: Marion Lewis, EDD; Year of support: 1 of 2 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Faculty Development Award (Nursing) to prepare a faculty member by means of a course of study and clinical experiences to develop, promote and assume responsibility for courses in geriatric mental health for the Psychiatric-Mental Health Nursing graduate and undergraduate programs. Tuition and registration for 5 trainees has been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 2 T01 MH17670-02; Institution: University of New Mexico; Project Director: Barbara Rees, Ph.D; Year of support: 2 of 2 approved yrs.; Prior yr. award-TC: $49,626 '83-'84.

Project Description: This is a Faculty Development Award (Nursing) to support a tenured assistant professor to continue the study of neuroscience and Alzheimer's disease. Particular attention will be given to nursing approaches that identify factors which create or contribute to reversible cognitive impairment as well as nursing actions to prevent, alleviate, or reverse the confused state. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 5 T01 MH18291-02; Institution: Northwestern State University/Louisiana; Project Director: Elizabeth Woodward, Ph.D; Year of support: 2 of 2 approved yrs.; Prior yr. award-TC: $45,990(D)/$49,669(T).

Project Description: This is a Faculty Development Grant (Nursing) to support a program to develop clinical training activities for graduate nursing students. In the first year, linkages were developed with community agencies that serve the elderly population. In this final year, it is anticipated that the opportunities for community linkages with agencies responsible for the care of the elderly with mental problems will increase.

POST-GRADUATE SPECIALTY TRAINING

Grant No./Pref/Suf: 2 T01 MH17708-04; Institution: University of Cincinnati; Project Director: David Bienenfeld, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $98,280.

Project Description: This is a Post-Graduate Specialty Training (Psychiatry) continuation grant for 3 years for further development of a training program to educate postgraduate fellows for 2 years in geropsychiatry. Three fellows will be appointed in this program, but stipends will be provided by the Department of Psychiatry. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 2 T01 MH17211-04; Institution: University of Rochester, NY; Project Director: David Bonacci, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $84,240.

Project Description: This is a Postgraduate Specialty Training continuation grant (Multidis.) of a program that promises to become a major clinical research training program in the area of aging and mental health. Two fellows will be appointed for whom stipends have been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 5 T01 MH18089-03; Institution: SUNY, Health Science Center; Project Director: Carl I. Cohen, M.D.; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $60,309(D)/$65,134(T).

Project Description: This is a Post-Graduate Specialty Training grant (Psychiatry) to train two Psychiatrists. Current trainees are Drs. Inchiong and Lyubarsky. Two fellows completed the program in 1985; Dr. Casimir is now Chief Medical Officer at Kingsboro Psychiatric Center as well as Asst. Dir. of Memory Disorders Clinic at SUNY Downstate; Dr. Clerisme is now Chief of Geriatric Psychiatric Unit at Creedmoor Psychiatric Center, Queens, N.Y. Award was increased to reflect new stipend levels.

Grant No./Pref/Suf: 1 T01 MH18624-01; Institution: New York University, NY; Project Director: Jeffrey Foster, MD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Postgraduate Specialty Training grant (Multidis.) to train psychiatrists and psychologists in both research and clinical training. Two trainees will be admitted each year and will be trained for a 2-year period. Stipends for the two have been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 1 T01 MH18766-01; Institution: University of Southern California, CA; Project Director: Margaret Gatz, PHD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Postgraduate Specialty Training grant (Psychgology) to prepare clinical psychologists to assume positions teaching geriatric mental health within the Department of Psychology, which already has a pre-doctoral training program. There will be 2 post-doctoral trainees per year for whom stipends have been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 5 T01 MH18306-02; Institution: St. Louis University School of Medicine; Project Director: George Grossberg; Year of support: 2 of 3 approved yrs.; Prior yr. award-TC: $34,351(D)/$37,099(T).

Project Description: This is a Post-Graduate Specialty Training grant (Psychiatry) recommended. DC to train one psychiatrist, Dr. Nijjar. There have been no prior appointees to this program and no trainees have as yet completed the program.

Grant No./Pref/Suf, 2 T01 MH17161-04; Institution: Harvard University; Project Director: Bennett Gurian, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $98,280.

Project Description: This is a Postgraduate Specialty Training (Multidisciplinary) continuation grant of a 3-year project to enable the PI to continue the interdisciplinary training in all four core disciplines, and to provide greater access for geriatric clinical and research training to 8 Gerontology Fellows of the Harvard Division on Aging, and to the faculty, staff, and Residents of both mental health centers. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 2 T01 MH17383-04: Institution: Northwestern University, IL; Project Director: David Gutmann, Ph.D; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $6,145.

Project Description: This is a Postgraduate Specialty Training (Psychology) continuation grant that builds upon the success of the prior program and extends the Older Adult Program (OAP), which has been in existence since 1977 and has gained a national and international reputation for excellence. Two trainee stipends have been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 5 T01 MH17673-03; Institution: University of California; Project Director: Lewis Judd, MD; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $61,659 (D)/$66,592 (T).

Project Description: This is a Post-Graduate Specialty Training grant (Psychiatry) to train two psychiatrists. Current trainees proposed are Drs. Rockwell and Harris; 2 geriatric fellows have graduated, one is a clinical instructor at UCSD and the other joined County Mental Health in San Diego where his specialized geriatric knowledge is being utilized. Award was adjusted as indicated.

Grant No./Pref./Suf: 5 T01 MH18106-03; Institution: University of Southern California; Project Director: Bryan Kemp, Ph.D.; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $61,558(D)/$66,243(T).

Project Description: This is a Post-Graduate Specialty Training grant (Psychology) to train 3 psychologists. Current trainees are Drs. Ishida and Zemansky. One applicant declined in favor of another position. Three trainees (Corgiat, Benton and Thoreson) have completed the program and are currently working in the field of geriatrics (one at U of C and the other two at hospitals in CA.) Trainee costs have been adjusted as indicated.

Grant No./Pref./Suf: 5 T01 MH18082-03; Institution: Rush-Presbyt-St. Luke's Medical Center; Project Director: Lawrence Lazarus, MD; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $59,605(D)/$64,373(T).

Project Description: This is a Post-Graduate Specialty Training grant (Psychiatry) to train two psychiatrists. Current trainees are Drs. Blake and Lingam; one former fellow, Dr. Mershon, remains on the staff. Award was increased to reflect new stipend levels.

Grant No./Pref./Suf: 5 T01 MH18047-03; Institution: VA Medical Center–IA; Project Director: Philip Laughlin; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $48,647.

Project Description: This is a Post-Graduate Specialty Training grant (Psychology) to train two clinical/counseling psychologists in geriatric mental health, with a focus on the rural elderly. Current trainee appointed is Dr. Paul Westmark. Trainee #2 for fiscal year 1985–86 was to begin in the Spring. Trainee Mary Eggert, Ph.D. completed on 10/1/85 and is now a Staff Psychologist on Extended Care Unit, VA Medical Center, Knoxville, IA.

Grant No./Pref/Suf: 5 T01 MH18204-03; Institution: University of Chicago; Project Director: Elsie Pinkston Ph.D; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $62,416 (D)/$64,849(T).

Project Description: This is a Postgraduate Specialty Training grant (Social Service Admin.) to train 4 predoctoral social workers. Current trainees are: Hanrahan, Lundy, McGadney, and Goldberg. In this final year, trainees will develop a training packet for social workers while completing their dissertations Award was adjusted to reflect adjusted trainee related expenses.

Grant No./Pref/Suf: 5 T01 MH18316-02; Institution: Johns Hopkins University; Project Director: Peter Rabins, MD; Year of support: 2 of 3 approved yrs.; Prior yr. award-TC: $32,645(D)/$35,257(T).

Project Description: This is a Postgraduate Specialty Training grant (Psychiatry) to train psychiatrists. Current trainee is Dr. Allen. A second fellow, Dr. Gold, has been recruited for the program beginning in July to prepare for a practice in geropsychiatry. Award was increased to reflect new stipend levels.

Grant No./Pref/Suf: 2 T01 MH17162-04; Institution: University of Washington, WA; Project Director: Burton Reifler, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $103,140.

Project Description: This is a Postgraduate Specialty Training grant (Multidisciplinary) to continue a program of training geriatric specialists in a diverse range of clinical problems and settings. Stipends for one psychology fellow and one psychiatry fellow have been approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 5 T01 MH18044-03; Institution: Boston City Hospital; Project Director: Orlando Lightfoot, MD; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $65,110(D)/$70,319(T).

Project Description. This is a Postgraduate Specialty Training grant (Psychiatry) to train psychiatrists and psychologists. Current trainees are 2 psychology fellows (Drs. Garrido and Chase); 2 psychology fellows have completed the programs and both have remained on the staff at Boston City Hospital. Two psychiatry fellows have been accepted for the third year of the program. Award was increased to reflect new stipend levels.

Grant No./Pref/Suf: 2 T01 MH17632-04; Institution: Duke University; Project Director: James Moore, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $67,571.

Project Description: This is a Postgraduate Specialty Training grant (Multidisciplinary) that is a competing continuation application for a program begun 3 years ago. The purpose of the program is to provide clincial and research training in geriatric mental health to trainees to prepare them to function as clinicians and to contribute to the academic development of the field and to work as teachers of other health professionals. Tuition and fees for 2 trainees has been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 2 T01 MH17545-04; Institution: University of Pittsburgh; Project Director: John Nelson, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $43,456.

Project Description: This is a Postgraduate Specialty Training grant (Psychiatry) of a program that is already in place to give broad training in psychiatric, social, and medical aspects of the care of mentally ill older persons. Experience is gained through supervised care of hospitalized and ambulatory patients as well as through didactic sessions and guided study. There are three trainees in this program, but stipends are being provided by the university. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 1 T01 MH18468-01; Institution: University of Notre Dame, IN; Project Director: John Santos, PHD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Postgraduate Specialty Training grant (Psychology) to provide training in gerontological counseling that would involve research as well as didactic and clinical experience. Stipends for two trainees have been approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 2 T01 MH17392-04; Institution: University of Southern California, LA; Project Director: Lon Schneider, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $51,840.

Project Description: This is a Postgraduate Specialty Training grant (Psychiatry) to continue funding of a program to produce geriatric psychiatrists who will become teachers, geriatric resource persons and consultants for the community in order to improve the level of geriatric psychiatric care in Los Angeles. (3) Trainee stipends will be provided by LAC/USC Medical Center. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 2 T01 MH17340-04; Institution: Cornell University; Project Director: Charles Shamoian, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $87,480.

Project Description: This is a Postgraduate Specialty Training grant (Psychiatry) to continue a program for comprehensive training of six fellows in geriatric psychiatry who will assume major training, service, administrative and resource responsibilities in clinical, academic, and community based institutions. Trainee stipends are not requested, although trainee travel has been requested and approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 2 T01 MH17251-04; Institution: University of California, CA; Project Director: James Spar, MD; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $49,680.

Project Description: This is a Postgraduate Specialty Training grant (Multidisciplinary) for continuation of a program to train psychiatrists and clinical psychologists for leadership roles in rendering mental health care to the impaired elderly. Three trainee stipends have been requested and approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 2 T01 MH17621-04; Institution: U.S. VA Medical Center, CA; Project Director: Larry Thompson, Ph.D; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $88,314.

Project Description: This is a Postgraduate Specialty Training grant (Psychology) to continue a program to increase the available pool of manpower in geriatric mental health by providing post-doctoral training to psychologists who wish to develop this as their career goal. Four trainee stipends have been requested and approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 1 T01 MH18764-01; Institution: Stanford University; Project Director: Jerome Yesavage, MD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Postgraduate Specialty Training grant (Psychiatry) for a program to prepare recently trained psychiatrists to serve as clinical and research teachers in the field of geriatric psychiatry. Two trainee stipends have been requested and approved. The budget has been reduced through negotiation with the Project Director.

GERIATRIC TRAINING MODELS

Grant No./Pref/Suf: 2 T24 MH17592-14; Institution: Penn State University; Project Director: Joseph Adelstein, MD; Year of support; 4 of 6 approved yrs.; Prior yr. award-TC: $21,470.

Project Description: This is a Geriatric Training Model grant (Psychiatry) designed to prepare the general pyschiatry resident to handle the multiplicity of psychiatric, medical and social problems experienced by the elderly. Four medical student trainee stipends have been requested and approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 5 T24 MH17649-03; Institution: University of Pittsburgh; Project Director: Marion L. Beaver; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $25,616.

Project Description: This is a Geriatric Training Model grant (Social Work) to support 3 Masters Degree students in preparation for Multi-Method Practice in the mental health field in working with the elderly.

Grant No./Pref/Suf: 5 T24 MH18088-03; Institution: SUNY Health Science, Brooklyn; Project Director: Carl I. Cohen, MD; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $12,410.

Project Description: This is a Geriatric Training Model grant (Psychiatry) to help the residents to develop an appreciation for integrated and comprehensive networks of mental health care as well as to appreciate the skills and expertise of other professionals in the field of geriatrics and gerontology.

Grant No./Pref/Suf: 1 T24 MH18546-01; Institution: University of Pennsylvania, PA; Project Director: Lois Evans, DNSC; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model (Nursing) grant which proposes the development of a didactic geropsychiatric nursing course to be required of all students in the Family Mental Health Nursing specialty of the Adult Track Graduate Program. Tuition and fees for 6 students will be provided. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 5 T24 MH18084-03; Institution: NY University: Medical Center; Project Director: Jeffrey R. Foster; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $12,439.

Project Description: This is a Geriatric Training Model grant (Psychiatry) to enhance a program for residency training in geropsychiatry.

Grant No./Pref/Suf: 5 T24 MH18135-03; Institution: University of Southern California; Project Director: Margaret J. Gatz; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $25,305.

Project Description: This is a Geriatric Training Model grant (Psychology) to train 2 predoctoral students in the clinical-aging track in the Dept. of Psychology at USC.

Grant No./Pref/Suf: 1 T24 MH18498-01; Institution: University of Pennsylvania, PA; Project Director: Gary Gottlieb, MD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Psychiatry) to provide the generallist with basic skills and knowledge for the appropriate understanding and care of older adults. Additionally, the rotation should stimulate the interest of a proportion of trainees to pursue careers in geropsychiatry. The program proposes to support 1.5 fulltime resident for whom stipends have been approved. This will allow all six PGY-4 residents to complete the three month fulltime rotation each year. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 1 T24 MH18547-01; Institution: Oregon Health Sciences University OR; Project Director: Joanne Hall, Ph.D; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Nursing) which proposes to develop and test a collaborative geriatric mental health training model with the Benedictine Nursing Center, a 127 bed skilled nursing facility. One trainee stipend has been requested and approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 1 T24 MH18075-03; Institution: University of Kansas; Project Director: E. Gail Harkness; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $45,746 (6) trainees.

Project Description: This is a Geriatric Training Model grant (Nursing) Recommended-DC to support 5 Masters' Degree students. The project is designed to enhance the education, research, and service components related to gerontology within the university's School of Nursing.

Grant No./Pref/Suf: 5 T24 MH18120-03; Institution: University of Maryland at Baltimore; Project Director: Oliver C. Harris; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $21,883.

Project Description: This is a Geriatric Training Model grant (Social Work) to support 3 Masters' Degree students in geriatric mental health.

Grant No./Pref/Suf: 1 T24 MH18163-03; Institution: University of Arkansas for Medical Science; Project Director: Patricia Heacock; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $41,681 (3) trainees.

Project Description: This is a Geriatric Training Model grant (Nursing) to support 3 Master of Nursing Science students. Dr. Cornelia Beck, former Program Dir., is going on sabbatical and will be replaced by Dr. Heacock, who has had primary responsibility for implementing the training program.

Grant No./Pref/Suf: 1 T24 MH18752-01; Institution: E. Washington University, WA; Project Director: Maria Hernandez-Peck, Ph.D.; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Social Work) that proposes the establishment of a geriatric mental health training model within an existing case-management program which is nationally recognized for its approach to enhancing the functioning and maintenance of frail elderly persons within their own homes. Three trainee stipends have been approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 1 T24 MH18678-01; Institution: Cuny Hunter College; Project Director: Reva Holtzman, DSW; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Social Work) to develop a program for second year social work students to gain field work experience and prepare for careers to meet social and mental health needs of family caregivers and patients suffering from senile dementia of the Alzheimer's type. Five trainee stipends have been requested; three have been approved. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 1 T24 MH18544-01; Institution: Boston College; Project Director: Helene Jackson, Ph.D; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Social Work) which requests support to recruit and train black geriatric social work professionals to help meet the mental health needs of black elderly. Full stipends and tuition for three black trainees have been approved as well as partial support for one, half-time adjunct faculty specialist in minority elderly to provide field instruction to the minority social work interns at FSA. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 5 T24 MH18066-03; Institution: Medical College of Pennsylvania; Project Director: Ira R. Katz, M.D. Ph.D.; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $12,039.

Project Description: This is a Geriatric Training Model grant (Psychiatry) to meet the goals of the program for consolidation and expansion of the clinical training program.

Grant No./Pref/Suf: 1 T24 MH18449-01; Institution: Southern Illinois University; Project Director: Vinod Kumar, MD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Psychiatry) to provide education in geriatric mental health to medical students and psychiatry residents and trainees from related disciplines including social work, nursing, and occupational therapy. A training model will be developed to expose the trainees to the longitudinal course of geriatric patients from the in-home and outpatient setting through the nursing home or state mental hospital providing terminal care. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 1 T24 MH18677-01; Institution: Hahnemann University; Project Director: Robert Nathan, MD; Year of support: 1 of 3 approved yrs.; Prior yr. award-TC: $NA.

Project Description: This is a Geriatric Training Model grant (Psychiatry) designed to train all levels of psychiatric residents in the basic understanding and the techniques of treating the older patient. Knowledge will be conveyed primarily through didactic courses and seminars using a biopsychosocial model. The budget has been reduced through negotiation with the Program Director.

Grant No./Pref/Suf: 1 T24 MH1796-03; Institution: University of South Florida; Project Director: Eric Pfeiffer, M.C.; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $13,276.

Project Description: This is a Geriatric Training Model grant (Psychiatry) to support a program whose purpose is to increase the available supply of mental health professionals especially trained in geriatrics.

Grant No./Pref/Suf: 5 T24 MH18068-03; Institution: University of Notre Dame; Project Director: John F. Dos Santos; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $36,540.

Project Description: This is a Geriatric Training Model grant (Psychology) to help support 3 predoctoral students in the Program in Gerontological Counseling in the Dept. of Psychology at the University.

Grant No./Pref/Suf: 2 T24 MH17377-04; Institution: Richard Hutchings Psychiatric Center; Project Director: Frances Wilcox Ph.D; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $20,676.

Project Description: This is a Geriatric Training Model grant (Psychology) for continuation and expansion of a program which facilitates training of educators and trainers in geriatric mental health. Four trainee stipends have been requested and approved. The budget has been reduced through negotiation with the Project Director.

Grant No./Pref/Suf: 5 T24 MH18059-03; Institution: University of Wisconsin; Project Director: Vivian I. Wood; Year of support: 3 of 3 approved yrs.; Prior yr. award-TC: $28,319.

Project Description: This is a Geriatric Training Model grant (Social Work) to help support 3 Predoctoral students in the diagnosis and treatment of mental health problems encountered by the rural elderly and to be in-service trainers of mental health providers in the rural areas.

Grant No./Pref/Suf: 2 T24 MH17650-04; Institution: Case Western University, OH; Project Director: May Wykle, Ph.D.; Year of support: 4 of 6 approved yrs.; Prior yr. award-TC: $36,882.

Project Description: This is a Geriatric Training Model grant (Nursing) for continuation of a program in geriatric mental health that represents a cooperative effort involving gerontological, psychiatric-mental health, and community health nursing faculty. Three trainee stipends have been approved. The budget has been reduced through negotiation with the Project Director.

MENTAL DISORDERS OF THE AGING RESEARCH BRANCH

D C R

A = Clinical Research

B = Treatment Assessment

C = Services Research

D = Behavioral Science/Prevention

E = Clinical Research Centers

F = GMHAA/RSDA

Priority	FY 86 Date Paid	Grant Number	PI & Institution	Title	FY85 TC	FY86 TC	FY87 IC Rec	FY87 TC	FY88 IC Rec	Total Project Period
A	9/1	5 R01 MH40827-02	BAYLES Univ. of Arizona	Communication Disorders in DAT: Longitudinal Perspective	144,965	135,913	114,050		120,050	08/01/85- 08/31/90
A	4/1	2 R01 MH30623-07	DAVIES Albert Einstein	Aging & Dementia: Cholinergic Neuron Biochemistry	149,734	264,456	152,552		164,756	04/01/83- 03/31/89
A	12/1	5 R01 MH36969-05	GEORGE NYU Med Center	Mental Health, Brain Impairment,and Aging	240,272	230,852	177,498		0	09/15/81- 11/30/87
A	4/1	5 R01 MH39135-03	HART Med. College of Va.	Rate of Forgetting in Dementia & Depression	46,038	43,477	0			04/01/84- 03/31/87
A		5 R01 MH36205-05	JARVIK UCLA	Alzheimer's Type Dementia: A Biobehavioral Family Study	138,750					02/01/81- 01/31/86
A	3/1	1 R01 MH40705-01	LEUCHTER UCLA	Mental Illness in the Elderly - Diagnostic Testing	——	47,899	41,190		40,089	03/01/86- 02/28/89
A		5 R01 MH35672-05	LEWINSOHN Univ. of Oregon	Risk Factors for Unipolar Depression in the Elderly	211,821					09/15/81- 07/31/87
A		5 R01 MH37026-03	MERRIAM Albert Einstein	Mental Health & Aging: Delineation of Depression	41,844					09/28/82- 08/31/85
A	9/25	1 R01 MH41620-01	McCUE West.Psych.Inst.	Neuropsychological Predictors of ADL in the Elderly	——	132,342	123,692		100,187	09/25/86- 08/31/89
A	6/1	5 R01 MH39145-03	MILLER USC	Mental Illness in Alzheimer's Disease of the Aged	92,720	96,039	63,590		66,730	06/01/84- 05/31/89
A	7/15	1 R01 MH40924-01A1	OXENKRUG Wayne State	Melatonin, HVA, MAO as Biological Correlates of Dementia	——	88,461	0			07/15/86- 06/30/87
A	4/1	5 R01 MH33688-07	PRINZ Univ. of Wash.	Sleep & EEG Discrimination of Dementia from Depression	194,538	198,670	109,007		0	12/01/79- 03/31/88
A	4/1	5 R01 MH37869-04	REYNOLDS West.Psych.Inst.	EEG Sleep, Aging, and Mental Illness	249,615	239,608	189,496		181,461	04/01/83- 03/31/90
A	7/1	1 R01 MH41887-01	SCHULZ West.Psych.Inst.	Physical Illness & Depression in the Elderly	——	145,685	117,885		122,391	07/01/86- 06/30/89
A		5 R01 MH37983-03 & 7 R01 MH41734-01	STANLEY CUNY	Informed Consent in Aged Psychiatric Patients	79,063					05/01/83- 03/31/87
A	1/1	3 R01 MH39799-02S1	VAILLANT Dartmouth	Effects of Mental Health Upon Aging	117,213	28,062	0			01/15/85- 12/31/86
					1,706,573	1,651,443	1,098,969		795.054	

B	2/1 a5/1	3 R01 MH32724-08S1 2 R01 MH32724-07A1	CORKIN M.I.T.	Lecithin Precursor Treatment in Alzheimer's Disease	276,355	63,490 164,648	185,500	0	02/01/80- 01/31/88
B	1/1	5 R01 MH38672-02	ELLINWOOD Duke Univ.	Psychotropic Drugs: Adaptive Pharmacodynamics in Aged	175,503	107,543	0		01/01/85- 12/31/86
B		3 R01 MH29590-08S1	FERRIS NYU Med Center	Psychopharmacology of Neurotransmitter Systems in Aging	51,050				04/01/77- 03/31/86
B	7/15	1 R01 MH40430-01A2	FLICKER NYU	Assessment of Cognitive Function in Aging & Dementia	———	174,216	115,435	122,686	07/01/86- 06/30/89
B	3/1	1 R01 MH41243-01	[illegible] NYU	Affective Illness Course in Long-Term Care Facilities	1	185,815	148,430	96,130	03/01/86- 02/28/89
B	4/1	5 R01 MH35296-05	GEORGOTAS NYU	MAOI vs. TCAs in the Treatment of Geriatric Depression	319,393	405,381	280,748	161,730	04/01/82- 03/31/90
B	7/1	5 R01 MH40505-02	HARBAUGH Dartmouth	Muscarinic Agonist Treatment for Alzheimer's Disease	199,148	95,450	0		07/01/85- 06/30/87
B	4/1	1 R01 MH41489-01	KATZ Med. College of Pa.	Drug Treatment of Depression in Institutional Aged	———	104,751	66,800	68,900	04/01/86- 03/31/90
B	7/1	7 R01 MH42659-01	POMARA Nathan Kline Inst.	Diazepam Effects of Performance of the Elderly	109,705	128,015	102,592	0	05/01/85 06/30/88
B		5 R01 MH34596-03	REIFLER Univ. of Wash.	Mental Health in Aged: Combined Dementia & Depression	85,259				09/15/82- 08/31/85
B	7/1	2 R01 MH34223-08	SHADER Tufts Univ.	Applicatioins of Pharmacokinetics in Clin. Psychiatry	368,184	413,349	270,587	296,823	09/15/79- 06/30/89
B	12/1	5 R01 MH35230-05	SILBERSCHATZ Mt. Zion	Process and Outcome of Psychotherapy with Older Adults	107,204	120,881	0		09/24/81- 11/30/86
B	5/1	5 R01 MH37379-03	SZAPOCZNIK Span.Fam.Guid.Ctr.	Evaluation of Therapy for Depressed Elderly	78,500	74,575	0		05/01/84- 04/30/87
B		5 R01 MH39116-02	[illegible] Tufts Univ.	Neuropsychopharmacological Study of Alzheimer's Disease	171,881				04/01/84- 03/31/87
B	9/1	2 R01 MH37196-05	THOMPSON VA-Palo Alto	Psychotherapy for Depression in the Elderly	120,611	194,741	230,866	191,654	02/01/82- 08/31/90
B	2/1	5 R01 MH35182-03	YESAVAGE Stanford Univ.	Memory and Mental Health in Aging	144,217	173,527	0		02/01/84- 01/31/87
					2,207,028	2,406,432	1,401,967	937,923	

C	12/1	5 R01 MH35252-06	BRODY Phila. Geriatric Center	Parent Care, Sibling Relationships & Mental Health	230,418	86,143	0		09/29/80- 11/30/86
C	1/1	5 R01 MH36784-03	DUNKLE Case Western Reserve	Long-Term Care Decisions & Mental Health of the Elderly	103,735	113,982	0		01/01/84- 12/31/86
C	2/1	5 R01 MH40300-01	[illegible] Univ. of Md.	Stress & Mental Health: Caregivers of Daycare Elders	——	115,995	83,417	91,809	02/01/86- 01/31/89
C	2/1	1 R01 MH40882-01	MALGADY Hispanic Research Center	Stress, Mental Health, Coping in Puerto Rican Elderly	——	264,673	153,330	64,739	02/01/86- 11/30/88
C	3/1	1 R01 MH40762-01	[illegible]	State Hospital Utilization for the Mentally Ill Elderly	——	84,762	0		03/01/86- 02/28/87
C	9/1	5 R01 MH28177-07	MOOS Stanford Univ.	Evaluating Sheltered Care Settings for the Elderly	196,572	214,326	0		09/01/77- 08/31/87
C	3/1 & 12/1	5 R01 MH35360-06 3 R01 MH35360-05S1	NOELKER Benjamin Rose	Caring for Elders & Mental Health of Family Members	141,218	93,038 25,505	88,651	0	09/29/80- 11/30/87
C	12/1	5 R01 MH40480-02	PRUCHNO Phila. Geriatric Ctr.	Caring for Demented Spouses: Crisis vs. Adaptation	151,089	278,262	101,584	0	12/01/84- 11/30/87
					823,032	1,276,696	426,982	156,528	

D	9/1	5 R01 MH30244-04	BENGTSON USC	Longitudinal Study of Generations & Mental Health	139,809	165,145	104,480	0	08/01/83- 07/31/88
D		5 R01 MH37563-03	COHEN SUNY	Old Men on the Bowery in the 1980's/Adaptive Strategies	8,355				09/20/82- 08/31/85
D	7/1	5 R01 MH40750-02	COHEN-MANSFIELD Hebrew Home-DC	Mental Health Agitation in Nursing Home Elderly	143,475	152,645	110,340	0	07/01/85- 06/30/88
D	3/1	5 R01 MH41782-02	DEAN San Diego State	Social Supports, Aging, and Psychiatric Disturbances	259,487	236,951	254,198	208,980	03/15/85- 02/28/90
D	7/1	1 R01 MH41327-01	ELDER U.N.C.	Military Service in Adult Development & Aging	——	139,484	109,802	112,330	07/01/86- 06/30/89
D	12/1	5 R01 MH36834-04	FARBEROW L.A. Suicide Prev.Ctr.	The Bereavement Process in Spouses of Elderly Suicides	60,637	57,677	29,948	0	09/30/82- 08/31/87
D		5 R01 MH36615-03	HAAN UC-Berkeley	Personality and Mental Health Across the Life Span	47,808				09/28/82- 03/31/86
D	12/1	2 R01 MH36264-04	HUCK Ill. Inst. Tech.	Aging Parents, Young Adult Children, & Mental Health	78,733	146,134	0		08/15/82- 11/30/86
D		5 R01 MH40428-02	KAHANA Cleveland State	Mental Health Implications of Extreme Stress	139,641				09/01/84- 11/30/86
D	3/1	5 R01 MH37280-02	LAWTON Phila. Ger. Ctr.	Senile Dementia Patients: Mental Health of Caregivers	182,345	227,537	121,626	0	03/15/85- 02/28/88
D		5 R01 MH37707-03	LAWTON Phila. Ger. Ctr	The Last Year of Life: Mental Health Aspects	71,520				09/30/82- 12/31/85
D	7/1	1 R01 MH41758-01	O'BRIEN Univ. of Rochester	Risk Factors & Processes in Older Widows' M.H.	——	137,739	103,550	91,508	07/01/86- 06/30/89
D	12/1	5 R01 MH32280-08	OSTFELD Yale	Effect of Spousal Illness & Death in Older Families	302,680	379,340	265,000	270,000	09/29/78- 11/30/88
D	7/1	1 R01 MH42504-01	PRUCHNO Phila Ger. Ctr.	Institutionalization of a Parent: M.H. Effects	——	206,265	211,305	169,607	07/01/86- 06/30/89
D	4/1	5 R01 MH37067-02	STANFORD San Diego State	Health & Functional Dependency of the Minority Aged	234,740	337,620	126,436	0	04/01/85- 03/31/88
D		5 R01 MH34707-03	ZARIT USC	Family Interventions for Senile Dementia	58,937				09/28/82- 11/30/85
					1,788,165	2,227,775	1,436,701	852,430	
				TOTALS		7,552,316			

E	9/1	5 P50 MH40159-03	BLAZER Duke	OPC	397,500	379,215	0		08/30/84- 08/31/87
E	9/25	1 P50 MH40381-01	CAINE U. Rochester	OPC	——	383,144	309,420	350,000	09/15/86- 08/31/89
E	9/1	5 P50 MH40059-02	JARVIK UCLA	OPC	352,824	319,932	0		09/01/85- 08/31/87
E	8/1	5 P50 MH40380-02	LAWTON Phila. Ger. Ctr.	OPC	494,583	473,054	316,998	0	08/01/85- 07/31/88
E	9/1	2 P50 MH40041-03	YESAVAGE Phila. Ger. Ctr.	OPC	220,500	466,804	350,000	350,000	09/30/84- 08/31/91
					1,465,407	2,022,149	976,418	700,000	

P	12/1	5 R07 MH00523-02	COHEN SUNY	GMRA	51,300	50,976	48,300	0	12/01/84- 11/30/87
P	4/1	5 K02 MH00125-10	COYLE Johns Hopkins	REDA	60,162	60,629	0		04/01/77- 03/31/87
P	9/1	1 K07 MH00612-01A1	BRAUN Rush-Presbyt.	GMRA	——	48,708	45,100	45,100	09/15/86- 08/31/89
P	9/1	5 K07 MH00604-02	FOGEL Rhode Isl. Hosp.	GMRA	49,680	51,948	46,000	0	09/23/85- 08/31/88
P	12/1	5 K07 MH00448-03	FOSTER NYU	GMRA	50,814	50,814	0		12/01/83- 11/30/86
P	7/1	5 K07 MH00597-02	GOTTLIEB Univ. of Pa.	GMRA	53,017	52,888	49,840	0	07/01/85- 06/30/88
P	6/1	5 K07 MH00506-03	HOFFER Oregon Health Sci.U.	GMRA	53,149	52,382	0		06/01/84- 05/31/87
P	1/1	5 K07 MH00475-03	JENSEN UC-Davis	GMRA	0	51,614	0		07/01/83- 12/31/86
P	8/1	1 K07 MH00665-01	LEUCHTER UCLA	GMRA	——	53,528	49,600	49,600	08/01/86- 07/31/89
P	12/1	5 K07 MH00564-02	LUCHINS U. Chicago	GMRA	49,388	50,377	45,900	0	12/01/84- 11/30/87
P	4/1	5 K07 MH00505-03	[illegible] Johns Hopkins	GMRA	46,818	46,818	0		04/01/84- 03/31/87
P	7/1	5 K02 MH00295-07	REYNOLDS West.Psych.Inst.	REDA	55,296	62,208	57,600	57,600	07/01/80- 06/30/90
P	4/1	1 K01 MH00540-01A1	[illegible] West.Psych.Inst.	REDA	——	66,096	61,200		04/01/86- 03/31/91
					469,624	698,986	403,540	152,300	

A - CLINICAL RESEARCH

Kathryn Bayles
Univ. of Arizona
5 R01 MH40827-02 - "Communication Disorders in DAT: Longitudinal Perspective"

This project will longitudinally and comprehensively investigate the nature of communicative impairment in patients with Alzheimer's dementia who have been carefully evaluated as to: (a) age of disease onset, (b) presence of extrapyramidal symptomatology, (c) family hsitory of DAT, (d) rate of disease progression, and (e) dementia severity. The study has been designed to determine the existence of linguistically unique subgroups with the DAT population should they exist. An extensive communication test battery will be administered once yearly for 5 years to DAT patients and normal subjects. 90 DAT subjects with early disease onset and 90 with late onset will be identified and subdivided according to level of severity as determined by the Global Deterioration Scale. This study will produce the first well-documented natural history of linguistic dissoluation of DAT patients controlled for severity, age, family history, extrapyramidal symptomatology, and rate of disease progression.

Peter Davies
Yeshiva University
2 R01 MH38623-07 - "Aging and Dementia: Cholinergic Neuron Biochemistry"

The goal of this investigation is to provide insight into the etiology and pathologenesis of the cholinergic dysfunction of Alzheimer's disease and some other dementing disorders, and to attempt to use some of the information obtained to improve the accuracy of differential diagnosis. The project will expand studies of ventral forebrain cholinergic neurons innervating cerebral cortex and hippocampus, since it is now established that these cells dysfunction in cases of Alzheimer's. Using monoclonal antibodies to proteins apparently unique to these cells, the hypothesis will be tested that dysfunction of these cells can be detected by reduced concentrations of these antigens, and the researchers will attempt to determine if they are present in detectable amounts in blood and spinal fluid, and whether or not there are quantitative or qualitative abnormalities that can be used as aids to the differential diagnosis of Alzheimer's disease.

Ajax George
NYU Medical Center
5 R01 MH36969-05 - "Mental Health, Brain Impairment, and Aging"

This is a study of dementing disorders as characterized by neuroradiologic techniques: CAT scan, PET scan, and NMR. Past work has revealed certain measures that correlate with diagnostic category and severity and that distinguish dementia patients from controls. This proposal seeks to expand the subject population, obtain longitudinal followup, and perform more extensive NMR studies.

A - con't

Robert Hart
Medical College of Va.
5 R01 MH39135-03 - "Rate of Forgetting in Dementia & Depression"

The primary objective of this study is to determine the rate at which recently acquired information is forgotten in patients with Senile Dementia of the Alzheimer's Type and in patients with depression, as compared to normal elderly. Differences in decision strategy (i.e., willingness to guess) and learning efficiency among demented, depressed and normal elderly groups will also be explored and documented. The study is intended to further our understanding of the nature of memory disorder associated with dementia and depression and to establish an efficient, reliable procedure to be employed in the early diagnosis of SDAT versus depression and benign senile forgetfulness.

Andrew Leuchter
UCLA
1 R01 MH40705-01 - "Mental Illness in the Elderly--Diagnostic Testing"

This project proposes to develop computer-analyzed electroencephalography (CEEG) as a clinical test that will aid in the accurate diagnosis of dementia. It consists of a five-step research plan: 1) 90 geriatric subjects will be examined (3 groups - Alzheimer-type dementia, multi-infarct dementia, and non-demented normals) including mental status & neuropsychological testing, 2) EEGs will be performed, 3) spectra and coherence functions will be calculated, 4) subjects will be followed to autopsy for neuropathologic diagnoses, and 5) multi-group stepwise discriminant analysis will be performed under a "training/testing" paradigm.

Michael McCue
Western Psych. Inst.
1 R01 MH41628-01 - "Neuropsychological Predictors of ADL in the Elderly"

This research will determine whether neuropsychological assessment of a patient during hospitalization can predict specific functional skills assessed following discharge. Subjects will be diagnosed as either probable Alzheimer's dementia, depression, or as having mixed features of dementia and depression. While in the inpatient unit, subjects will undergo a comprehensive research neuropsychological asessment battery assembled to predict to several activities of daily living related areas including organizational aspects of self-care, instrumental behavior, communicative skills, practical memory, management of personal affairs, and ambulation and transportation. After discharge, patients will be administered an extensive performance test of ADL functions involving direct behavioral observation of functional capacities.

A - con't.

Carol Miller
Univ. of So. California
5 R01 MH39145-03 - "Mental Illness in Alzheimer's Disease of the Aged"

This application proposes to examine a population of AD patients and age-matched controls for longitudinal patterns of mental function. The hypothesis is that a defined spectrum of molecular changes will be detectable in AD target tissue, and that the sites and degree of AD may be related to specific changes in cognition and behavior during the clinical course of the patients. It is also hypothesized that the monoclonal antibody method will reveal molecular subsets of AD which correspond to discrete clinical characteristics of the patient;s symptoms. This is an important and exciting new approach which could potentially identify molecular defects in AD.

Grigory Oksenkrug
Wayne State Univ.
1 R01 MH40924-01A1 - "Melatonin, HPA, MAO as Biological Correlates of Dementia"

This proposal aims to test the hypothesis that some of the biological changes seen in the course of normal aging, if they occur at an earlier time of life, can contribute to the development of Primary Degenerative Dementia (PDD). Specifically, this study will explore whether some age-associated biological changes: 1) happen precociously and therefore are presented to a much greater extent in PDD, especially in the early onset (presenile) dementia, and 2) are correlated with the severity of cognitive impairment in demented subjects.

Patricia Prinz
Univ. of Washington
5 R01 MH33688-07 - "Sleep & EEG Discrimination of Dementia from Depression"

This project seeks to confirm and expand the applicant's previous studies, in which she has been searching for potential diagnostic markers in medically healthy community elderly, with and without diagnosable mild Alzheimer's dementia. Sleep and EEG (frequency, power, and coherence) measures will be evaluated for two desirable qualities: 1) ability to discriminate mild dementia from non-dementia and 2) ability to discriminate mild dementia from major depression. The application is based on the hypothesis that the primary neuronal degeneration which underlies the cognitive loss and symptoms of dementia, will also be reflected in sleep and EEG changes.

A - con't.

Charles Reynolds
Western Psychiatric Institute
5 R01 MH37869-04 - "EEG Sleep, Aging and Mental Illness"

This is a study of the development of objective indicators of diagnosis, treatment response, and prognosis, based on measures of nocturnal EEG sleep parameters in healthy elderly controls, major depressives, Alzheimer's patients, and mixed symptom patients. Focus will be on the impact of limited total sleep deprivation, REM sleep deprivation, and arecoline REM.

Richard Schulz
Univ. of Pittsburgh
1 R01 MHG41887-01 - "Physical Illness & Depression in the Elderly"

The purpose of this study is to investigate and clarify the relationship between physical illness and depression among the elderly. Two general types of explanations have been suggested to explain the co-occurrence of depression and physical illness: the biological factors explanation argues that symptoms of depression are a direct consequence of illness or a side effect of medication; the psychosocial stress factors explanation emphasizes the occurrence and personal significance of the stress associated with being physically ill. To test the relative importance of these factors, a prospective study of 300 geriatric outpatients will be carried out.

George Vaillant
Dartmouth Medical School
3 R01 MH39799-01S1 - "Effects of Mental Health upon Aging"

This study follows the health of a socially diverse cohort of 600 men who have been prospectively followed for 40 years. The supplement is to allow for completion of data collection and analysis, preparation of publications and orderly closeout of this grant. The time on the grant will be extended until 12/31/86.

B - TREATMENT ASSESSMENT

Suzanne Corkin
MIT
2 R01 MH32724-07A1 - "Lecithin Precursor Treatment in Alzheimer's Disease"
& 3 R01 MH32724-06S1

This study will be the first systematic neuropharmacological approach to the monoaminerigic system in dementia. The primary goal of this project is to determine the dependence upon monoaminergic systems of specific cognitive abilities and mood in patients with Alzheimer's disease. A related goal of this project is to improve cognitive capacities in patients with Alzheimer's disease by administering drugs that alter monoaminergic neurotransmission. Special emphasis will be placed upon the development and implementation of new tests that improve the characterization of specific cognitive deficits in Alzheimer's disease, and on the use of these tests as measures of change induced by drugs.

Everett Ellinwood
Duke University
5 R01 MH38672-02 - "Psychotropic Drugs: Adaptive Pharmacodynamics in Aged"

This project assesses pharmacodynamic contributions to side effects of benzodiazepines as a function of aging by examination of pharmacodynamic changes in relation to pharmacokinetic changes, comparison of de novo sensitivity in relation to acute adaptive tolerance, and comparison of three benzodiazepines with differing receptor binding and lipid solubility properties.

Charles Flicker
NYU
1 R01 MH40410-01A2 - "Assessment of Cognitive Function in Aging & Dementia"

The objective of the proposed study is to develop a new set of psychometric tests for the assessment of drug effects upon the cognitive impairment associated with senile dementia of the Alzheimer type and other cognitive dysfunctions of the elderly. A key feature of the proposed assessment battery will be face validity, relevance to the cognitive demands, situational variables, and environmental stimuli. A second test criterion is comparability to the behavioral tests used to evaluate cognition-enhancing drugs in animals. The battery's discriminant validity will be evaluated based upon data collected from young normal, elderly normal, and elderly demented subjects. The battery derived from these studies will provide measures with improved validity and utility.

B - con't.

Jeffrey Foster
NYU
1 R01 MH41243-01 - "Affective Illness Course in Long-Term Care Facilities"

This project describes a one-year prospective study of 125 non-depressed patients newly admitted to a long-term care facility that includes a chronic care hospital and a skilled nursing facility. The focus of the project is to study factors associated with the onset and course of depression occurring after admission. For those patients who become significantly depressed, an antidepressant drug protocol is included to study their dosage requirements. A number of variables may bear on the onset, course and antidepressant drug responsiveness of depressive illness, such as: 1. baseline demographic factors, 2. baseline and followup psychologic variables, 3. baseline and followup physical health status, 4. institutional factors. The objectives of the study are to define the relevance of these factors to depression and develop "risk profiles" for subsequent patients.

Anastasios Georgotas
NYU
5 R01 MH35196-05 - "MAOI vs. TCAs in the Treatment of Geriatric Depression"

Depression in the elderly is associated with poor prognosis and the potential role of maintenance antidepressant therapy in the elderly has not been investigated. Initial investigations on this grant have indicated that both major antidepressants, Nortriptyline and Phenelzine, are significantly superior to placebo for successful treatment of geriatric depressions. The objective of the present project is to validate and extend preliminary findings.

Robert Harbaugh
Dartmouth Medical School
5 R01 MH40505-02 - "Muscarinic Agonist Treatment for Alzheimer's Disease"

The study is designed to evaluate the safety and efficacy of the continuous infusion of a pure muscarinic agonist, bethanechol chloride, in the treatment of patients with biopsy documented AD. Data exist implicating decreased brain cholinergic activity in the pathogenesis of AD. Attempts to augment brain cholinergic activity have met with limited success in treating such patients. Direct muscarinic agonist treatment of patients with AD may be more efficacious than treatment by cholinesterase inhibition. Drug delivery will be achieved by a totally implantable infusion system. Evaluation of treatment will be accomplished by baseline and followup neuropsychologic testing and quantified family assessment.

B - con't.

Ira Katz
Medical College of Pennsylvania
1 R01 MH41489-01 - "Drug Treatment of Depression in Institutionalized Aged"

This study will investigate the significance of affective and neurovegatative symptoms in major depression and will evaluate the risks versus the benefits of the use of tricyclic antidepressants in frail elderly patients living within an institutional setting. One goal of these studies is validation of the diagnosis of major depression among the frail aged, a group where demoralization and the somatic symptoms of chronic illness can make the evaluation of depressive symptoms difficult. The focus of this research will be on identifying those patient characteristics that predict both therapeutic response and adverse reactions during drug treatment.

Nunzio Pomara
Research Foundation for Mental Hygiene
7 R01 MH42499-01 - "Diazepam Effects of Performance of the Elderly"

This is a study of the acute and chronic effects of diazepam on human performance. Diazepam effects on performance of elderly individuals are of concern because elderly may show increased sensitivity to the drug effects and there is evidence that there are age-related increases in diazepam accumulation during multiple dosage. This study compares the drug's effects on performance of normal young, normal elderly, anxious young, and anxious elderly, and effects of administering low and high single doses will be tested before and after corresponding low-dose or high-dose chronic diazepam regimens.

Richard Shader
Tufts Univ.
2 R02 MH34223-08 - "Applications of Pharmacokinetics in Clin. Psychiatry"

This is a study to evaluate the alterations in sensitivity and response to centrally acting drugs in the elderly population, and the relation of these changes to altered patterns of drug disposition and clearance. Model drugs will be chosen that are representative of drug classes widely prescribed for the elderly, whose potentially therapeutic and/or adverse central effects occur by different mechanisms. This is a 20 year ongoing study and the present proposal is an effort to begin to integrate pharmacokinetic with biologic and pharmacodynamic drug effects. It will involve both animal and human studies.

B - con't.

George Silberschatz
Mount Zion Hospital
5 R01 MH35230-05 - "Process and Outcome of Psychotherapy with Older Adults"

This study investigates the relationship between the process of brief dynamic psychotherapy and treatment outcome. This is a "cognitive psychoanalytic" conceptualization which holds that psychopathology consists of interference with ordinary life plans or wishes by "obstacles" that amount to unconscious inaccurate ideas derived from painful early experiences that were misinterpreted by the patient at that time. Methods will be developed to quantify and study the process of treatment.

Jose Szapocznik
Spanish Family Guidance Center
5 R01 MH37379-03 - "Evaluation of Therapy for Depressed Elderly"

This is a study of the relative effectivenes of two time-limited treatments for major depression in eldery Cuban-American patients. The treatments are Life Enhancement Counselling (LEC) and Time-LImited Dynamic Psychotherapy (TLDP). In addition to examining treatment efficacy, the proposal also focuses on a number of process variables that may be related to outcome of the two treatments.

Larry Thompson
VA - Palo Alto
2 R01 MH37196-05 - "Psychotherapy for Depression in the Elderly"

This study is designed to compare the effectiveness of pharmacotherapy, psychotherapy and the two combined in the treatment of depression in elderly outpatients. Participants will be randomly assigned to cognitive/behavioral therapy, drug therapy using desipramine or cognitive/behavioral therapy plus drugs. Evaluations will include both self-report and interviewer ratings of symptoms, measures of functioning in family and other social situations and various measures related to models of depression.

Jerome Yesavage
Stanford University
5 R01 MH35182-03 - "Memory and Mental Health in Aging"

This study involves six experiments to test the effects of cognitive retraining programs on normal and demented elderly subjects with a wide range of cognitive abilities. The purpose of the experiments is to better define which patients can benefit from such interventions, to better define the effects of specific components of such training programs, and to study certain interventions which might be expected to enhance training effects.

C - SERVICES RESEARCH

Elaine Brody
Philadelphia Geriatric Center
5 R01 MH35252-06 - "Parent Care, Sibling Relationships and Mental Health"

This study investigates the effects of paid employment on the perceived burdens related to parent care. The parents are elderly widows, some who have severe mental and physical impairment, and some who are relatively intact. The premise is that 2 social trends - the growing proportion of middle-aged women in the labor force, and the vast increase in the number of older single women in the population - are creating a severe strain on the family's potential caregiving capabilities and needs.

Ruth Dunkle
Case Western Reserve University
5 R01 MH36784-03 - "Long-term Care Decisions & Mental Health of the Elderly"

This research describes the involvement of currently hospitalized elderly patients in planning for long-term care and identifies those factors that facilitate active involvement of the elderly individual in making these decisions. It also examines the effects of various levels of involvement or lack thereof on the mental health of the patient after discharge.

Karen Kleemen
Univ. of Md., School of Nursing
1 R01 MH40300-01 - "Stress and Mental Health: Caregivers of Day Care Elders"

This is an intervention study of stress and mental health which focuses on family caregivers of elderly persons attending daycare centers. The overall goal of this research is to anticipate and reduce the psychobiological stress in family caregivers. This study will aim to: compare the effectiveness of an educative/didactic group for caregivers with a psychotherapeutic/support group in terms of caregiver coping, psychobiological symptom experience and stress reduction, and identify the long term effects of these selected intervention strategies on caregivers of the elderly.

C - con't.

Rita Mahard
Fordham University
1 R01 MH40881-01 - "Stress, Mental Health, Coping in Puerto Rican Elderly"

This is a study of stress, mental health and coping in a sample of New York area Puerto Rican elderly. The primary aim of the study is to test a general theoretical model linking stressors and social and psychological resources to the mental health and coping outcomes of this group. A corollary aim is to explore the model refinements necessary to account for the unique experience of social, economic and demographic subgroups of Puerto Rican elders.

Noel Mazade
Nat'l. Assoc. of State MH Program Directors
1 R01 MH40762-01 - "State Hospital Utilization for the Mentally Ill Elderly"

The purpose of this three year national study to be conducted by the National Association of State Mental Health Program Directors will be to increase the knowledge regarding services to the mentally ill elderly by describing the role of state mental hospitals in providing care and treatment for the elderly mentally ill. Existing NASMHPD and NIMH data bases will be analyzed to determine patterns of state hospital usage for the population age 65 and over, and to describe the services provided to this patient group. This research will provide SMHAs with the necessary information not currently available to develop effective programs for seriously mentally ill elderly persons and determine appropriate roles of state hospitals for this population group.

Rudolf Moos
Stanford Univ.
5 R01 MH28177-07 - "Evaluating Sheltered Care Settings for the Elderly"

This study develops and applies environmental assessment procedures to systematically evaluate sheltered care settings for elderly people in an effort to maintain the elderly in the most independent and least costly setting possible. A primary aim is to construct and extend a Multiphasic Environmental Assessment Procedure to assess the socio-physical environments of such sheltered care settings as nursing homes, residential care facilities, and congregate apartments.

C - con't.

Linda Noelker
Benjamin Rose Institute
3 R01 MH35360-05S1 - "Caring for Elders and Mental Health of Family Members"
& 5 R01 MH35360-06

This study of impaired elders and the family members who provide care for them, views the caregiving situation as a process in which stress and the effects of stress have consequences for the mental health of all family members. The impact of stress on family interaction and symptomatology is identified.

Rachel Pruchno
Philadelphia Geriatric Center
5 R01 MH40480-02 - "Caring for Demented Spouses: Crisis vs. Adaptation"

This study is a prospective longitudinal assessment of the differential impact which chronic dementias have on the caregiving spouse in order to characterize those factors which may influence the intensity, duration, and frequency of negative consequences of coping with the disease process. The study will examine the role of stressor, caregiver resources, and caregiver definition of the stressor as they impact physical, social and emotional concomitants.

D - BEHAVIORAL SCIENCE/PREVENTION

Vern Bengtson
USC
5 R01 MH38244-04 - "Longitudinal Study of Generations & Mental Health"

This research involves a 10 year followup of 3 generation families, and 18 month time-series assessments, to examine the impact of family support on health-related crises. Both quantitative and qualitative data will be collected to reflect the constructs of family solidarity, such as self-concept, life events, depression, and perceived changes in family relations. The four major issues concern: changes in measures of mental health over the same interval, the relationship between family support and mental health, the dynamics of that relationship over time, and the processes that intervene between family support and mental health.

Jiska Cohen-Mansfield
Hebrew Home - D.C.
5 R01 MH40758-02 - "Mental Health Agitation in Nursing Home Elderly"

This proposal aims to investigate agitated behaviors in nursing home residents. The construct of agitation, the characteristics of the agitated population and precipitating factors for agitation will be examined. The first project will assess the agitation level of 400 nursing home residents and will relate it to demographic, medical, social and psychological variables. The second project involves in-depth observations of 24 agitation demented subjects through behavior mapping of their agitation and its physical and social context.

Alfred Dean
San Diego State University
5 R01 MH41781-02 - "Social Supports, Aging, and Psychiatric Disturbances"

This is a study designed to advance existing knowledge of the influence of social supports, along with stressors (life events and role strains) and psychological resources on psychiatric disturbances among adults 50 years of age and over. This will be achieved by conducting a panel survey, modelling the causal relationships among the variables, determining the differential effect of types and sources of social support, specifying how the nature and effects of the model variables are conditioned by various factors, and examining the effects of key variables on various illness measures.

D - con't.

Glen Elder
Univ. of N. Carolina
1 R01 MH41327-01 - "Military Service in Adult Development and Aging"

This is a three-year longitudinal study of military service in adult development and aging among men who were born between 1908 and 1915. Using data from the Stanford Terman study of gifted children, the proposed project investigates the process leading to military service, its timing and nature, with particular emphasis on the link between military experience and the pre-service life history; the return to civilian life and the immediate post-military career; and the influence of military service/related events on the subsequent life course to old age. This proposal makes pioneering use of a longitudinal archive in a relatively neglected field of lifespan study. As millions of veterans from WWII enter the later years of life, we need to understand the implications of their military service for health, coping, and adaptation.

Norman Farberow
L.A. Suicide Prevention Center
5 R01 MH36834-04 - "The Bereavement Process in Spouses of Elderly Suicides"

This study seeks to obtain information on the process of bereavement for a period of two years after death in widowed (55 years and older) spouses of suicides. Data is being collected relating the mental health of a survivor to cumulative loss and stress, social support network, and coping strength.

Margaret Huyck
Illinois Institute of Technology
2 R01 MH36264-04 - "Aging Parents, Young Adult Children, and Mental Health"

This is one year of additional funding to complete a study of aging parents, young adult children, and mental health. The study will test the proposition that the mental health of middle aged and aging parents will be influenced by the ways their young adult children are making transitions into adulthood. Relatedly, the research will test predictions about ways parents influence their children's movement into adult roles (and thus, their own mental health) through their relationship with the young adult child.

D - con't.

Powell Lawton
Philadelphia Geriatric Center
5 R01 MH37292-02 - "Senile Demenia Patients: Mental Health of Caregivers"

This is a 3 year investigation of family stress and burden in caring for victims of Alzheimer's disease. The approach combines biomedical, psycological, ethnographic and longitudinal elements in an innovative manner. The research will attempt to determine the factors associated with caregiver burden, caregiver psychological well-being, and the amount of enriching behavior engaged in by the patient.

Ruth O'Brien
Univ. of Rochester
1 R01 MH41758-01 - "Risk Factors & Processes in Older Widows' Mental Health"

This study examines the risk factors and processes related to mental health outcomes among a stratified sample of older widows experiencing, a) sudden death of a husband, b) death of a husband following a short-term illness, and c) the death of a husband following a prolonged illness: The specific objectives are:

1. Evaluate a theoretical model which hypothesizes that, a) the suddenness of the death event in conjunction with other undesirable life events increases the stress experience which, in turn, negatively effects widows' mental health, b) unsupportive social ties have a total negative effect on widows' mental health, c) supportive social ties have a total positive effect on widows' mental health, d) unsupportive social ties will have a stronger total impact on widows' mental health than supportive social ties.
2. Describe changes in widows' depressive symptomatology and mood states throughout the first two years of bereavement.
3. Identify the incidence of clinical depression or other psychiatric morbidity using DSMIII criteria among widows during the first two years of bereavement.
4. Explore the differential impact of various sources of supportive and unsupportive social ties upon widows' stress experience and coping behaviors both shortly after the death of their husbands and over time.

Adrian Ostfeld
Yale University
5 R01 MH32260-08 - "Effect of Spousal Illness & Death in Older Families"

This research, which employs epidemiological strategies and a prospective design, investigates the effect of a major stressful experience (bereavement or critical illness) in a spouse. This knowledge may enable the helping professions to aid the widowed and the distressed more effectively.

D - con't.

Rachel Pruchno
Philadelphia Geriatric Center
1 R01 MH41504-01 - "Institutionalization of a Parent: Mental Health Effects"

This research proposes a mental health study to accomplish a prospective longitudinal assessment of the differential impact which institutionalization of a parent has on the adult child. The goal of the study is to identify those factors which may influence the intensity, duration, and frequency of negative consequences of coping with the stressor. The specific aims of the study are to examine the role of stressors, resources, and subjective perceptions of stressors as they affect: 1) the roles which the adult child plays vis-a-vis his/her institutionalized parent, and 2) the level of crisis/adaptation experienced by the adult child.

Percil Stanford
San Diego State University
5 R01 MH37067-02 - "Health and Functional Dependency of the Minority Aged"

This research project investigates the relationship between chronological age, health, and functional dependency among minority and non-minority elderly. The interactive effects of health, psychological, behavioral, socio-cultural, and ecological factors on functional dependency will be examined using cross-sectional comparative methods. Profiles of functional dependency will be developed and a multi-dimensional classificatory system for functional dependency will be delineated.

E - CLINICAL RESEARCH CENTERS

Daniel Blazer
Duke University
5 P50 MH40159-03 - CRC

This CRC is focused on the better classification, understanding, and treatment of late life depression. The four individual projects using the core are: a phenomenology study comparing old and young, depressed & nondepressed, community and inpatient groups in regard to symptoms and symptom changes as these related to DSMIII diagnoses; a biological marker study of depression; a controlled study of pulse unilateral non-dominant ECT and nortriptyline (NT); and a controlled trial of NT versus NT plus T3.

Eric Caine
Univ. of Rochester
1 P50 MH40381-01 - CRC

This Clinical Research Center for the Study of Psychopathology in the Elderly will be devoted to establishing and conducting research to examine the clinical, psychosocial, and biological mechanisms which contribute to the development of psychiatric disorders in a variety of geriatric patient populations. Core activities will include case identification, longitudinal followup, and data storage in a central facility; systematic diagnosis and treatment; and core research involving neuropsychological and epidemiological investigations. Individual research projects are also proposed; these will include investigations of affective disorder, Alzheimer's disease, and life stress and coping behaviors.

Lissy Jarvik
UCLA
5 P50 MH40059-02 - CRC

This is a Clinical Research Center grant focusing on Psychopathology of the Elderly, in particular depression in older adults. The program is organized around a core project and several satellite projects. One major goal of this CRC is to develop predictors of antidepressant treatment response. Tricyclic antidepressant therapies will be evaluated in two groups of patients: elderly patients suffering from uncomplicated unipolar major depressive disorder, and elderly patients suffering from both Alzheimer's and unipolar major depressive disorder. The neuroimaging component of the CRC is designed to assist in improving the diagnostic classification of patients from the four groups of subjects who will participate in these investigations. Neuroendocrine and sleep EEG measures in elderly depressed and in Alzheimer-type dementia patients will also be performed. There will also be research focusing on ventilatory response, a potential biological marker for depression.

E - con't.

M. Powell Lawton
Phila. Geriatric Center
5 P50 MH40380-02 - CRC

This is a Clinical Research Center grant. The program, dealing with depression as it occurs in a residential-care setting for older people, is both multidisciplinary and longitudinal. Five projects are involved:

1. a study of medical treatment efficacy and diagnostic reliability of the attribution of depressive symptoms in residents with four possible mild "physical" sources of depression: thyroid deficiency, iron deficiency anemia, chronic obstructive pulmonary disease, and those receiving "depressogenic" drugs.
2. A study of the side effects versus therapeutic efficacy of nortriptyline and the usefulness of biological markers.
3. A study of the affective life and its relation to daily events of depressed and non-depressed residents.
4. A study of suicidal ideation, suicidal behavior, indirect suicidal behavior, and psychopathological versus "existential" suicidal motivation in depressed and nondepresssed residents.
5. A study of the familial interactions and relationships of depressed and non-depressed people.

Jerome Yesavage
Stanford Univ.
2 P50 MH40041-03 - CRC

This is a continuation for support of a Clinical Research Center, focused on the study of dementia. The theme of the CRC is to identify areas of "excess disability" in patients with primary degenerative dementia (PDD) which may be alleviated to improve functional status. 150 patients with PDD and a group of control subjects will receive core cognitive/behavioral assessment and will be followed for at least two years. In addition, both groups of subjects will be evaluated with various specialized biochemical, electrophysiological, brain imagery, sleep and medical assessments.

F - GMHAA/RSDA

Carl Cohen
SUNY
5 K07 MH00523-02 - GMHAA

This Geriatric Mental Health Academic Award is enabling the PI to increase his research skills in biological psychiatry, psychopharmacology and psychometric assessment. Upon completion of the award, Dr. Cohen will be expected to function as 1) a researcher in geriatric mental health, 2) a developer of other researchers with interests in geriatric mental health; and 3) a resource person to introduce research findings in geriatric mental health to other clinical teachers and researchers in the academic setting.

Joseph Coyle
Johns Hopkins University
5 K02 MH00125-10 - "Neuropsychiatric Disorders: Selective Neural Loss"

This is a study of selective neural loss in certain neuropsychiatric disorders. A number of disorders characterized by selective degeneration of sets of neurons in the central nervous system are associated with both neurologic and psychiatric symptoms. These disorders, including Huntington's disease and senile dementia of the Alzheimer's type (SDAT), are important in their own right as well as in terms of insights they may provide to symptom formation in "functional" psychiatric disorders. The role of cortical cholinergic systems will be examined to help understand the pathophysiology of SDAT. The major goal of the researcher is to define the neuroanatomical organization and synaptic chemistry of the cholinergic innervation to the cerebral cortex and the alterations produced by selective ablation of the basal forebrain cholinergic pathways in the rat, and to relate these to the pathophysiology of AD.

Carol Farran
Rush-Presbyterian - St. Luke's
1 K07 MH00612-01A1 - GMHAA

This is a Geriatric Mental Health Academic Award to prepare Dr. Farran to expand her clinical, academic and administrative abilities and her research skills in the area of geriatric mental health. She will then be able to function as a geriatric mental health researcher, and will be able to develop other geriatric mental health researchers, and introduce research findings into clinical and academic settings. In particular, the major thrust of this study will be to explore how "hope", which has been acknowledged as important for geriatric mental health, manifests itself with a variety of older populations such as a community-based population, hospitalized psychiatric population, and group of family members with an Alzheimer's patient. The nominee will be supervised by an interdisciplinary team of experts at Rush-Presbyterian-St. Luke's Medical Center and will utilize the inpatient geropsychiatric unit at Johnston Bowman Health Center for the Elderly as a research base.

F - con't.

Barry Fogel
Rhode Island Hospital
5 K07 MH00604-02 - GMHAA

This is a Geriatric Mental Health Academic Award for Dr. Fogel to devote 3 years of full-time effort to research in geriatric psychiatry, teaching and consulting in geriatric psychiatry, and the development of research and educational programs in geriatric psychiatry within the Department of Psychiatry at Brown Univ. He will also participate in the Long-Term Care Gerontology Center at Brown. His personal research will include work on cognitive screening of medical patients, electroconvulsive therapy in the elderly, neuroendocrine features of depression in the elderly, and lymphocyte beta-adrenergic receptor function in geriatric depression.

Jeffrey Foster
NYU
5 K07 MH00449-03 - GMHAA

This project aim of this Geriatric Mental Health Academic Award is to allow Dr. Foster to bring extensive clinical expertise in geropsychiatry to a major academic setting. By direct participation in clinical research and didactic courses, he will complete formalized research training. Dr. Foster will assume primary departmental responsibility in developing curricula and unifying existing education components into a coherent geropsychiatric training program.

Gary Gottlieb
Univ. of Pennsylvania
5 K07 MH00597-02 - GMHAA

The objective of this Geriatric Mental Health Acaemic Award is to assist Dr. Gottlieb in his scholarly activities in the field of geriatric psychiatry and to develop an academic section of geropsychiatry within the Department of Psychiatry at the U. of Pa. This award will free Dr. Gottlieb of his clinical responsibilities and allow him to focus his energies in three specific areas: 1) a research project which will develop a neuropsychological and neurophysiological data base in a normal aging population, 2) a research collaboration with Dr. Beck on a randomized controlled trial of cognitive behavior therapy and a tricyclic, 3) the development of the Geriatric Psychiatry Section which will create a forum for research collaboration and the development of important clinical and educational resources within the Department.

F - con't.

Beverly Hoeffer
Oregon Health Sciences University
5 K07 MH00506-03 - "GMHAA"

This is a Geriatric Mental Health Academic Award which is designed to assist in the development of research-oriented resource persons in geriatric mental health in academic settings. Dr. Hoeffer will develop expertise in the research aspects of aging and mental health in order to assume a faculty leadership role at the School of Nursing, The Oregon Health Sciences University. The plan of activities includes formal course work, undergraduate study, and clinical and research activities in programs at two institutions in addition to OHSU.

Gordon Jensen
Univ. of Calif., Davis
5 K07 MH00475-03 - GMHAA

This is a 3 year Geriatric Mental Health Academic Award designed to fulfill the three key responsibilities stated in the initiative, that of researcher, developer of other researchers, and as a consultation source. The research will focus on measurement of cognitive changes in normal elderly, the pharmacologic treatment of Alzheimer's disease patients, and epidemiological study of dementia in other cultures.

Andrew Leuchter
UCLA
1 K07 MH00665-01 - GMHAA

This is a Geriatric Mental Health Academic Award for Dr. Leuchter to conduct his research and teaching activities at UCLA. The five aims of the application are:
1. to foster Dr. Leuchter's development as an investigator in geriatric psychiatry
2. to facilitate the development at UCLA of research aimed at improved methods for diagnosis and assessment of demented patients
3. to broaden involvement by faculty in psychiatry and other departments at UCLA in geriatric mental health research
4. to enable Dr. Leuchter to train other researchers to utilize his skills and methods
5. to disseminate his research findings to other academicians at UCLA

F - con't.

Daniel Luchins
University of Chicago
5 K07 MH00564-02 - GMHAA

This is a Geriatric Mental Health Academic Award to provide the nominee with the opportunity and resources to develop, as well as transfer from his previous research experience, expertise relevant to brain imaging and psychopharmacological studies of the dementing disorders of later life.

Peter Rabins
Johns Hopkins University
5 K07MH00505-03 - "GMHAA"

This is a Geriatric Mental Health Academic Award. The focus of the nominee's current research is in two areas: a) delivery of care to demented persons and their families, and b) clinical issues in the diagnosis, treatment, and care of the elderly patient with other significant psychiatric disorders such as major depression and schizophrenia. The applicant will expand this research interest and study refractory major depression as well as continue his teaching and clical responsibilities.

Charles Reynolds
Western Psychiatric Institute
5 K02 MH00295-07 - GMHAA

This is a study of sleep-wake regulation in normal and pathologic aging persons. The goal is the development of objective indicators of diagnosis, of treatment response to antidepressant therapy, and of prognosis. This goal will be achieved by comparing baseline sleep measures among groups of mixed-symptom patients who are responders, partial responders, or non-responders to adequate antidepressant therapy. The experimental hypothesis of this study is that patients with reversible dementia of depression will show sleep and other psychobiologic measures similar to those of depressives without cognitive impairment, while other mixed symptom patients with early Alzheimer's disease and symptoms of depression will show sleep and psychobiologic measures more similar to those of Alzheimer patients already studied to date.

George Zubenko
Univ. of Pittsburgh
1 K01 MH00540-01A1 - "Psychopathology of the Aging: Cell Membrane Correlates"

This is a level 1 Research Scientist Development Award which will employ fluorescence spectroscopy as a tool to probe the biophysical characteristics of blood cell and brain synaptosomal membrances from patients with Alzheimer's disease.

It will be possible to determine whether any identified alterations in synaptosomal membrane properties are more widespread than the characteristic histopathologic abnormalities of Alzheimer's disease and whether the membrane changes are likely to antedate neuronal degeneration and cell loss.

CENTERS FOR DISEASE CONTROL

In 1986, the Centers for Disease Control (CDC) initiated activities benefitting older Americans in several areas and continued ongoing activities in numerous other areas affecting the elderly as past of our efforts to prevent disease, disability, and premature death and improve the quality of life.

CDC is undertaking an initiative to increase use of adult immunizations against pneumococcal disease, influenza, tetanus, diphtheria, and hepatitis B. This initiative is of particular importance to the elderly because they are among those primarily affected by influenza and are at a higher risk of death from pneumonia than the rest of the population. In an effort to increase public acceptance of adult immunizations, CDC hosted a national "community forum" of groups from the public and private sectors to solicit their ideas on approaches to public education on the need to provide vaccines appropriate for adults. In addition, CDC is identifying potential areas for research on factors influencing immunization of adults, particularly the elderly, and has awarded a contract to a private research company to develop and evaluate health education interventions that will increase the acceptance of use of adult immunizations.

CDC also identifying national, State, and local systems to monitor the distribution and administration of adult antigens, especially those for older Americans, and will award contracts for consolidated Federal purchase of adult vaccines and toxoids, to be used by State health departments in programs targeted largely to the elderly and chronically ill. CDC has worked with the Immunization Practices Advisory Committee to develop a comprehensive set of guidelines for vaccinating adults, and drafted an adult immunization pamphlet for general public awareness.

An important aspect of this adult immunization initiative is the focus on influenza vaccinations in the nursing home population. CDC is evaluating the safety and efficacy of influenza vaccines and antiviral agents in nursing home residents and is developing a plan to distribute professional training materials for influenza vaccination to all U.S. nursing homes. Boston University is field testing educational materials developed by CDC for medical and nursing staff in nursing homes on influenza recommendations and on conducting influenza vaccination programs. CDC is also collaborating with HCFA to evaluate the effect of influenza epidemics on Medicare reimbursements.

In other efforts directed toward extended care facilities, CDC is working to define risk factors for the prevention and control of institutionally acquired infections in skilled nursing facilities. We offer a training course, "Infection Control in Small Hospitals and Extended Care Facilities," to persons who are employed by extended care facilities and who have responsibility for programs to prevent unique infection control problems of the elderly.

Tuberculosis among the elderly, and especially nursing residents, is an important problem. In 1985, there were 22,201 cases of tuberculosis reported to the Centers for Disease Control (CDC), including 6,361 (29 percent) in persons 65 years of age or older. The case rate for persons of all ages was 9.3 per 100,000 population, while it was 23.2 per 100,000 for persons age 65 or older. Studies conducted by William Stead, M.D. of Arkansas have contributed to the understanding of tuberculosis infection and disease among persons in nursing homes and other institutions for the elderly. In the period 1981-83, the incidence rate of tuberculosis in nursing homes in Arkansas was 234 per 100,000—four times higher than the rate for persons over 65 residing at home. Studies of tuberculosis outbreaks indicate that much of the disease among nursing home residents in Arkansas is a result of new transmission, and not reactivation of previously acquired infection as had been suspected.

To better control the tuberculosis problem in the elderly, CDC and the American Thoracic Society (ATS) have recommended that nursing home residents be screened for tuberculosis upon admission and that employees be screened upon employment and periodically thereafter. Treatment with isoniazid to prevent tuberculosis disease is recommended for persons at high risk of tuberculosis, such as newly infected (recent skin test converters) residents of nursing homes. CDC is currently conducting a study which will lead to a better understanding of the extent of the tuberculosis problem in nursing homes and will provide data on which additional CDC/ATS surveillance recommendations can be based.

A Public Health Service information resource available to the public—The Combined Health Information Database (CHID)—was expanded in Fiscal Year 1986. CHID is a computerized database that contains descriptions of health education and patient education programs in the areas of health education and health information, arthritis, diabetes, high blood pressure, and digestive diseases. Because of the nature of the subject areas, it is a valuable resource for health providers working with the elderly. A subscription password for parties interested in using CHID is available through BRS, Inc. (Latham, NY, at 1-800-345-4BRS).

In 1986, CDC continued efforts to prevent injuries among the elderly. Injuries among the elderly are a major public health concern in terms of death, disability, and health care costs. Persons 65 years of age and over constitute about 11 percent of the U.S. population, but they account for about 45 percent of all unintentional home injury deaths. CDC has continued to develop and implement research and program efforts to reduce this toll on older Americans. Notable among these efforts has been the initiation of a landmark research project entitled "Epidemiologic Study of Injuries Among the Elderly—Project SAFE" (study to assess fall injuries among the elderly). This study, undertaken in collaboration with the Dade County, Florida Department of Public Health, is designed to identify those factors that contribute to injuries among the elderly, to develop and test interventions, and to develop prevention models for use by health agencies nationwide. The role of environmental hazards and the potential protective effect of estrogen replacement therapy may mitigate the effects of osteoporosis which is associated with falls and hip and wrist fractures in the elderly.

Other collaborations have been initiated with both the Philadelphia Health Department and the Indian Health Service to target injuries among inner city Blacks and native Americans. The special needs and risks of the elderly among these high-risk populations will be addressed by these programs.

Diabetes is also a major contributor to morbidity and mortality among persons over 65. It affects 8 percent of persons over 65, and 60 percent of those individuals are hospitalized every year. One-quarter of all patients initiating costly end-stage renal disease treatment have diabetes, and 20 percent are over 65. Half of amputations occur in people with diabetes, and 60 percent are over 65. Almost half of persons with diabetes who become blind are over 65. During 1986 the program has focused its efforts on the prevention of three major complications of diabetes which affect people over 65: Blindness, amputations, and hypertension. Ten States were provided new funds to develop blindness prevention programs. Increased emphasis on these conditions will continue in fiscal year 1987. Attention to the major contributors to cardiovascular disease, which accounts for 75 percent of all deaths among persons with diabetes over 65, will continue. The program continues to build consensus on effective control strategies and translating effective techniques into community practice.

FOOD AND DRUG ADMINISTRATION

As the percentage of elderly in the Nation's population continues to increase, the Food and Drug Administration (FDA) has been giving increasing attention to the elderly in the programs developed and implemented by the Agency. FDA has been focusing on several areas for the elderly that fall under its responsibility in the regulation of foods, drugs, and medical devices. Efforts in education, labeling, drug testing, drug utilization, and adverse reactions have been of primary interest. Close relationships have been established with both the National Institute on Aging and the Administration on Aging of the Department of Health and Human Services to further strengthen programs that will assist the elderly in their medical care. Some of the major initiatives that are underway are described below.

INTERAGENCY COOPERATIVE EFFORTS

To further strengthen FDA's liaison with the Department's National Institute on Aging, FDA participates in meetings of the Ad Hoc Interagency Committee on Research on Aging (IACRA), which is composed of representatives of Federal agencies and departments which conduct or support research activities on aging. Some of the topics considered by IACRA in 1986 included: improving the quality of care in nursing homes; identification of areas of research interest by IACRA member agencies; establishment of a computerized data base of research on aging; and review of literature on standards and quality assurance in home health care.

In addition, FDA participates as a Public Health Service representative on the Department's joint Public Health Service—Administration on Aging Committee on Health Promotion for the Elderly which develops specific health goals related to elderly populations, as well as materials relevant to their focus, drug use and misuse in the elderly. A major national objective in the area of drug use and misuse is the availability and proper use of medications for the treatment of medical conditions that are widespread in the elderly population. The goals of this joint committee include:

—Knowledge by professionals and scientists of physiological drug activity in the elderly;
—proper dispensing of medications to the elderly by professionals;
—dissemination of information to the elderly about the drugs they consume;
—acquisition by the elderly of information related to the drugs they consume;
—diminished incidence and severity of adverse drug reactions (single drug, drug-drug, drug-food, drug-alcohol); and
—appropriate consumption of drugs by the elderly (compliance, self-medication, overuse, etc.).

FDA also maintains an ongoing working relationship with the Office of Disease Prevention and Health Promotion (ODPHP) of the Department's Office of the Assistant Secretary for Health. One aspect of this relationship involves FDA's participation in the "Healthy Older People" campaign, a collaborative public education project of Government, volunteer and private sector organizations (coordinated by ODPHP) to educate older people about the importance of adopting healthy behavior and to stimulate the development of health promotion programs that serve older people.

As a part of the campaign, printed materials were published in professional journals on drug use in the elderly, patient education, drug/smoking interactions, adverse drug reaction surveillance, and community use of patient education materials. These articles are now available for use by health practitioners in working with older people.

PATIENT EDUCATION

To further the goals established by the joint Public Health Service–Administration on Aging Committee on Health Promotion for the Elderly, during the last 5 years FDA has coordinated the development and implementation of significant patient education programs with the National Council on Patient Information and Education (NCPIE) and many private sector organizations. NCPIE is a nongovernmental group of some 240 health organizations founded by FDA along with many medical organizations and pharmaceutical companies, whose goal is to stimulate patient education program development. Special emphasis has been placed on the elderly, who use more prescription drugs per capita than the rest of the population.

In 1986 FDA completed an analysis of data from its 1985 survey of consumers' attitudes and experiences regarding prescription drug information. This survey was done as a followup to the 1982 survey on the same topic to find out what promotes or discourages questions from patients to their health professionals. Four types of respondents were identified, based on their methods of obtaining information about their medications. More than one out of three respondents (34 percent) were classified as "uninformed"; they were unlikely to receive written information about their medications from their doctor or their pharmacist and appeared unmotivated to seek information from any source. Other groups received counseling from their physicians, their pharmacists, or used sources such as reference books, magazines, and friends for drug information. It is the "uninformed" group that the study's authors saw as most in need of motivational messages to learn more abou their prescription drugs because these persons may not recognize the problems that may occur if drugs are used improperly and they do not recognize the need for their own vigilance when taking medication.

Patient education programs have been concentrated in three main areas: urging patients to request information; encouraging health professionals to provide information; and monitoring patient education activities.

URGING PATIENTS TO REQUEST INFORMATION

The "Get the Answers" campaign is the primary program uging patients to ask their health professionals questions about their prescriptions. The major component of the campaign is a medical data wallet card that lists the five questions patients should ask when they get a prescription. These questions are:

1. What is the name of the drug and what is it supposed to do?
2. How and when do I take it—and for how long?
3. What foods, drinks, other medicines, or activities should I avoid while taking this drug?
4. Are there any side effects, and what do I do if they occur?
5. Is there any written information available about the drug?

The "Get the Answers" message has been widely disseminated to consumers through news releases, advice columns, and other media.

In 1986 FDA and NCPIE joined in a press conference, launching the first national "Talk About Prescriptions Month" being sponsored by NCPIE. The purpose of the Month was to stimulate activity to motivate health professionals to give—and consumers to seek—the information needed for safe and effective medication use. Also during 1986, FDA and other organizations targeted patients education efforts to the elderly.

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FDA distributed the "Talk About Prescriptions" campaign newspaper to its newsletter editor network, consumer organizations, and several thousands individual consumers. FDA urged these groups to sponsor activities in support of the Month, and over 80 groups indicated that they would conduct activities. National groups, such as Call For Action, and local organizations, such as the Bucks County (Pennsylvania) Area Agency on Aging, conducted special programs and classes, gave speeches, prepared press releases, public service announcements or telephone tapes, or distributed posters and brochures.

An FDA Consumer Affairs (CAO) distributed information about "Talk About Prescriptions Month" at the FDA exhibit for the annual Florida Aging Network Conference held in Orlando. Over 700 people attended the conference. Also, this information was presented at an FDA exhibit for the combined Texas Department on Aging, AARP Business/Industry Focusing on Maturity Conference. Approximately 300 people attended. In addition, information was distributed at a Senior Citizen Expo in Ohio.

FDA presented a workshop on the wise use of prescription medicines at the annual convention of the National Council of Senior Citizens (NCSC) Conference held in July 1986 in Miami, Florida. Over 5,000 seniors attended the conference. As a result of FDA's efforts, NCSC included an article promoting "Talk About Prescriptions" Month in its October 1986 *Retirement* newsletter, which has a circulation of 40,000.

On March 5, 1986, FDA made a presentation in Washington, DC attended by representatives of the Leadership Council of Aging Organizations on the Agency's patient education initiatives. The Leadership Council of Aging Organizations is a coalition of 30 national organizations, such as, the American Association of Retired Persons (AARP), and the NCSC, whose primary purpose is to serve as a forum for information exchange about issues of concern to the elderly. As a result of this meeting, one of these organizations, the National Association of Meal Programs, distributed 300 copies of information about "Talk About Prescriptions" Month at its September 1986 national conference.

FDA continues to publish materials and conduct meetings across the Nation to address issues affecting the elderly population including drug use in the elderly and health fraud. The October 1986 *FDA Consumer* magazine included an article on "Protecting the Elderly from Medication Misuse."

As an example of the activities held by FDA, the FDA Consumer Affairs Officer in Orlando, Florida, helped promote an event in observance of Older Americans Month, in which registered pharmacists and other health professionals advised seniors about following diretions for taking their medicines, possible side-effects, and intractions with other drugs or foods.

Concurrent with the activities aimed at patients, FDA, NCPIE, and many private sector organizations are conducting a major campaign to encourage health professionals to provide drug information to their patients. Urging consumers to "Get the Answers" and health professionals to "Give the Answers" is vital to bridge the communications gap—to get both sides to talk to each other about medications.

ENCOURAGING HEALTH PROFESSIONALS TO PROVIDE INFORMATION

A "Give the Answers" print advertisement was featured prominently in the May 1986 *Medical Times* special issue on patient education. Also, the week of May 25–31, 1986, was designated Oklahoma Pharmacy Week by the Oklahoma Pharmaceutical Association. A poster was printed by the Association and mailed to over 5,000 pharmacists across the State. An accompanying cover letter from the Association's Executive Director urged participation, suggested activities, and included an order form for "Give the Answers" campaign materials.

MONITORING PATIENT EDUCATION ACTIVITIES

In addition to patient education initiatives, FDA and NCPIE are continuing to evaluate the effectiveness of patient education programs and are monitoring the attitudes and behavior of consumers and health professionals about patient drug information. FDA continues to be encouraged by the number and quality of patient education activities undertaken by the various sectors. FDA will continue to provide leadership to foster the patient education initiatve.

PREMARKET TESTING GUIDELINES

Specific guidelines for the premarket testing of drugs in the elderly are currently under development by FDA. The guidelines will address issues such as the extent to which drug trials should include elderly patients to help identify dosage regimens and other factors that need to be considered. Although use of these guidelines is not a legal requirement, a person may be assured that in following a guideline, these procedures and standards will be acceptable to FDA. In addition, in January 1986, FDA published a draft Guideline for the Format and Content of the Clinical Data Section of a New Drug Application which emphasizes the need to analyze data to search for clinical features pertinent to older patients, including kidney function, multiple diseases and drug therapy.

FDA's efforts to ensure that premarket testing adequately considers the needs of older people also include educational activities for Institutional Review Boards (IRB) through workshops and the dissemination of information sheets on a variety of topics of interest to IRB's. An IRB governs the review and conduct of all human research at a particular institution involving products regulated by FDA. This aspect of drug testing and research is particularly important to institutional patients, a category comprised of a large number of elderly persons, to ensure adequate protection with regard to informed consent. FDA continues to work closely with the National Institutes of Health to develop and distribute information sheets to clinical investigators and members of the IRB community.

GENERIC DRUGS

The elderly in our population, as users of more medications than any other group, benefit greatly from the wide availability of generic drugs that generally cost much less than their brand-name counterparts.

Landmark legislation, the Drug Price Competition and Patent Term Restoration Act of 1984, established an abbreviated procedure for FDA's review of marketing applications for generic drugs that exempts them from expensive retesting for safety and effectiveness. This testing was conducted originally for the brand-name drug and is thus not regarded as necessary for the generic copy. By lifting this testing requirement, the 1984 Act removed a major roadblock to the development of generics. Since enactment of the 1984 law, FDA has approved about 1,000 applications for generic drugs and now receives about 90 abbreviated new drug applications for generic drugs per month—twice the number submitted before implementation of the new law. According to trade groups, generic drug sales are expanding about 14 percent a year. FDA will continue to examine the impact of advertising, labeling, and education efforts on the elderly as more generic drug products are made available in the marketplace.

In September 1986 the Commissioner of FDA chaired a public workshop to review various topics associated with designing and conducting studies that are used to demonstrate that generic drugs are equivalent in performance to brand-name drugs. The purpose of the meeting was to determine whether FDA's testing regulations need updating in light of any new findings in a scientific area that is relatively new and evolving. Maintaining a state-of-the-art capability in this area is regarded by FDA as critical to ensuring that generic drugs work as they are supposed to and provide the elderly and others with an effective lower cost alternative to brand-name medicines.

APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS

In order to contain drug costs, virtually all States have adopted laws that encourage or mandate the substitution of less expensive therapeutically equivalent generic drug products for prescribed brand-name drugs. These State laws generally require that substitution be limited to drugs on a specific list or that it be permitted for all drugs except those prohibited by a particular list. In response to requests from the States for FDA's assistance in preparing drug lists that would enable them to implement their substitution laws, FDA published and continually updates the Approved

Drug Products with Therapeutic Equivalence Evaluations list. This list identifies currently marketed drug products approved on the basis of safety and effectiveness by FDA under the Federal Food, Drug, and Cosmetic Act and provides information on all generic drugs that FDA had determined to be therapeutically equivalent to brand-name drugs. FDA believes that products considered to be therapeutically equivalent can be substituted with the full expectation that the substituted product will produce the same therapeutic effect as the prescribed product.

HEALTH FRAUD

Health fraud, the promotion of false or unproven products or therapies for profit, is big business. These fraudulent practices can be a serious and often expensive problem for the elderly. In addition to economic loss, health fraud can also pose direct and indirect health hazards to those who are misled by the promise of quick and easy cures and unrealistic physical transformations.

In order to combat health fraud, FDA uses a combination of enforcement and education. In each case, the agency's decision on appropriate enforcement action is based on considerations such as the health hazard potential of the violative product, the extent of the product's distribution, the nature of any mislabeling that has occurred, and the jurisdiction of other agencies.

FDA has developed a priority system of regulatory action based on three general categories of health fraud: direct health hazards, indirect Hazards; and economic frauds. When a direct health hazard is involved, FDA takes immediate action—seizure, injunction, or obtaining a recall. When the fraud poses no health hazard, the FDA may choose to concentrate more on education and information efforts to alert the public. Both education and enforcement are enhanced by coalition building and cooperative efforts between Government and private agencies at the national, State, and local levels. Also, evaluation efforts help ensure that our enforcement and education initiatives are correctly focused.

FDA has recently extended for 1 year a unique pilot program implemented by the Agency's Center for Devices and Radiological Health (CDRH) which provides a mechanism for alerting the public to fraudulent cases that do not pose a health hazard. This program, the Tipped Off Program (TOP), focuses on deceptive medical devices that are considered economic fraud. Many of these products carry claims which make them attractive to the elderly. The intent of the program is to: (1) use pressure to encourage the promoters of fraudulent products to comply with the law; and (2) provide consumers with the information they need to recognize and avoid the violative product. This action does not preclude regulatory intervention if it is deemed necessary.

The health fraud problem is too big and complex for any one organization to effectively combat by itself. Therefore, FDA is working closely with many other groups to build national and local coalitions to combat health fraud. By sharing and coordinating resources, the overall impact of our efforts to minimize health fraud will be significantly greater.

FDA and other organizations have worked together to provide consumers with information to help avoid health fraud. FDA and the Pharmaceutical Advertising Council (PAC) developed a public service campaign that uses all media to provide the public with information about how to recognize, avoid, and help stop health fraud. The public awareness campaign is being well received. More than 200 commercial television stations, 19 Spanish language stations, and 1,000 radio stations have accepted the campaign. In addition, FDA, the Federal Trade Commission (FTC), the U.S. Postal Service (USPS), and the Pharmaceutical Advertising Council have produced a joing health fraud brochure. Also, in 1986 FDA and the American Academy of Family Physicians published a pamphlet entitled, "Let's Talk About Health Fraud" and featured health fraud at the Academy's annual convention.

In September 1985, FDA, FTC, and USPS cosponsored a National Health Fraud Conference in Washington, D.C. During 1986, as a followup to the National Conference, FDA held regional health fraud conferences in cities all across the country. There were large audiences at most meetings, and the feedback has been extremely positive. These local conferences served as the impetus to develop new, and expand ongoing, health fraud activities and form coalitions with State and local officials, community groups, and professional organizations.

In 1986 FDA worked with the National Association of Consumer Agency Administrators (NACAA) to establish an Information Exchange Network. The Network disseminates information about suspected fradulent health related products to FDA, FTC, USPS, and NACAA agencies. Sharing information among the agencies about suspect products has been praised by the participating agencies as highly positive in identifying health fraud.

In 1986 FDA presented two workshops and an exhibit on health fraud at the annual convention of the National Council of Senior Citizens. FDA also awarded a contract to the Auxiliary to the National Medical Association to conduct conferences for innercity elderly black persons to assess the elderly's need for information and level of awareness of health fraud.

FDA contacted the American Association of Retired Persons (AARP) to request their support of FDA's health fraud campaign. As a result of these contacts, AARP reprinted the FDC/PAC health fraud brochure, added their own logo, and distributed it through their chapter network. Also, AARP released a new health fraud slide show that comes with an instructor's guide and sample handouts. This program is available to members and chapters, or others who may wish to borrow or buy it.

Action Agency is a Federal agency that implements various types of national volunteer programs (such as the Peace Corps, VISTA, etc.). As a result of FDA's work through the Action Agency, it mailed FDA's health fraud material to its 700 project directors.

In 1986, FDA also made a presentation before the Leadership Council of Aging Organizations (a coalition of 30 national organizations), on the Agency's health fraud initiatives. As a result of this presentation, the National Association of Hispanic Elderly is working with FDA's Los Angeles District to cosponsor a health fraud conference targeted to Hispanics.

FDA contacts with the National Council on the Aging, Inc. (NCOA) has resulted in health fraud being included as a topic at its April 1986 annual conference. NCOA also published articles on this subject in its newsletters.

FDA Consumer Affairs Officers also conducted health fraud initiatives directed to elderly consumers, including presentations to groups of senior citizens and at meetings such as the annual "Senior Celebration Day" sponsored by the Nebraska Office on Aging and the University of Nebraska-Omaha's Department of Gerontology.

In order to obtain better information of the nature of the health fraud problem, FDA, under a Department of Health and Human Services contract with Louis Harris and Associates, conducted a national health fraud survey in 1986. The survey will help provide information to effectively target and focus public and private sector activities devoted to combating health fraud and will provide a reliable measure of the reasons why consumers have used various fraudulent products. It will also explore attitudes and beliefs with regard to these products. A report of the survey results will be available in early 1987.

FOOD PROGRAMS FOR THE ELDERLY

FDA has been involved in cooperative programs with the Administration on Aging (AoA) to help open lines of communication and training between personnel involved in food service programs for the elderly and State and local food officials. In addition to providing food handling training and seminars, FDA has participated in management training and certification in food protection sanitation. The Agency routinely makes available copies of its regulations and guidelines for use in the seminars.

Because AoA provides assistance in the home-delivery meals (meals-on-wheels) program and there exist unique problems in equipment and transportation, FDA, in conjunction with the University of Colorado, has assisted with development of a new food handlers training program (slide show). This training program is specifically designed to teach food handlers involved in home-delivery program how to keep food at the right temperature to prevent foodborne illnesses to which older people are especially susceptible. This will help to ensure safer food delivery systems to a population which relies on this food assistance.

FOOD LABELING

Nitrition information is of particular value to older persons, many of whom are advised by their physicians to reduce consumption of salt/sodium and other food components. Thus, the sodium initiatives program which has been underway is especially useful to the elderly population. FDA regulations concerning the declaration of sodium content and label claims for sodium content became effective July 1, 1986. These regulations have already resulted in greater availability of sodium information to those medically advised to reduce sodium intake as well as to those voluntarily seeking to reduce or moderate sodium consumption.

The regulations define terms such as "low sodium," specifying the maximum levels of sodium that a serving of food may contain when the terms are used on product labels. These rules also require the declaration of the sodium content on food labels which contain nutrition information. Nutrition information is required if a processor adds nutrients to a product or makes nutritional claims about it. In addition, the Agency is recommending the voluntary inclusion of potassium content information in nutrition labeling because people with kidney and some other diseases who must control their sodium intake must also control their potassium intake. Also, people with high blood pressure and other related health problems often use potassium in place of sodium.

Many major food manufacturers have voluntarily included sodium information on food labels since FDA sodium initiatives were begun in 1981. Sodium labeling has increased markedly; it is estimated that over half of the products regulated by FDA now carry sodium labeling.

Older persons also frequently medically advised to reduce their fat and cholesterol intake. A proposed regulation, published in the *Federal Register* of November 25, 1986, would define terms for the cholesterol content of foods and establish requirements for the inclusion of cholesterol as part of nutrition labeling when claims are made relative to cholesterol content or fat content of a food. This proposal defines the term "cholesterol free" as applicable for any food containing less than 2 mg cholesterol per serving, "low cholesterol" for foods containing less than 20 mg cholesterol per serving and "reduced cholesterol" for a 75 percent reduction in cholesterol per serving. The Agency is also advising supermarket chains on appropriate fat and cholesterol shelf labeling initiatives and cooperating with the National Cholesterol Education Program of the National Heart, Lung, and Blood Institute.

The older as well as younger population has strong interest in possible relationships between diet and health. Most consumers, but especially the elderly, are vulnerable to misleading health claims about foods. FDA currently is considering ways to permit appropriate health claims on food labels that will not be misleading to consumers.

TOTAL DIET STUDIES

The Total Diet Study, as a part of FDA's ongoing food surveillance system, provides a means of identifying potential public health problems with regard to diet for the elderly and other age groups.

Through the Total Diet Study, FDA is able to measure the levels of pesticide residues, industrial chemicals, toxic elements, and nutritional elements in selected foods of the U.S. food supply and to estimate the levels of these substances in the diets of eight age-sex groups (6 to 11-month infants, 2-year-old children, 14 to 16-year-old boys, 14 to 16-year-old girls, 25 to 30-year-old females, 25 to 30-year-old males, 60 to 65-year-old females, and 60 to 65-year-old males). Because the Total Diet Study is conducted yearly, it also allows for the determination of trends and changes in the levels of substances in the food supply and in daily diets.

MEDICAL DEVICES OF PARTICULAR BENEFIT TO THE ELDERLY

INTRAOCULAR LENSES

Data on intraocular lenses (IOL's) continues to demonstrate that a high proportion (85 to 95 percent) of the patients will be able to achieve 20/40 or better vision with the implanted lenses and that few (3 to 5 percent) will experience poor visual acuity (20/200 or worse). The data also demonstrate that the risks of experiencing a significant post-operative complication are not great. Furthermore, many of the complications result during the early post-operative period and are associated with cataract surgery; the incidence of these complications is generally not affected by IOL implantation. Approved lenses have a significant impact on the health of elderly patients having surgery to remove cataracts. The IOL's, because they are safe and effective, aid elderly patients by increasing the options available to maintain their sight and thus their ability to drive and otherwise lead normal lives. The cost of IOL implantation is competitive with other available options, particularly when the continuing cost of contact lens care accessories, such as cleaning and storage solutions, disinfection solutions, or heat disinfection units are considered. FDA continues to monitor several hundred investigational IOL models and has, to date, approved over 300 models as having demonstrated safety and effectiveness.

HEARING AIDS

The aging process often results in progressive hearing loss; however, many elderly people can be helped by hearing aids. FDA has established regulations for both labeling of hearing aids and the conditions for their sale.

The labeling regulations mandate certain performance characteristics of a hearing aid which shall be stated in the User Instructional Brochure. Also mandated are the standardized test methods which are to be used to obtain these characteristics (Acoustical Society of America Standard for Specification of Hearing Aid Characteristics (ASA STD 7-1982)).

FDA requires a person with a hearing loss to undergo a medical examination by a licensed physician, preferably one who specializes in diseases of the ear, prior to the purchase of a hearing aid. The purpose of this medical examination is to assure that all medically treatable conditions that may affect hearing are identified and treated before a hearing aid is purchased. All informed adult, however, may sign a waiver form and not be required to undergo this medical examination.

FDA is distributing educational materials to inform both health professionals and the general public about the safe and effective use of hearing aids including:

—"Facts About Hearing and Hearing Aids," a joint National Bureau of Standards/FDA publication that illustrates and provides consumers with information on the causes, treatment, and effects of hearing disorders; selecting a hearing aid, care and maintenance, costs and financial assistance; and suggested supplemental readings. Through newspaper and magazine articles, the public has been made aware of how to order this publication and thousands have been disseminated.

—"It's Not Only a Good Idea—It's Also the Law," a flyer stating the conditions of sale that must be met by hearing aid dispensers before selling a hearing aid.

—"Tuning In On Hearing Aids," an *FDA Consumer* reprint available to the public in both standard and large size print.

—"Have You Heard?," a slide/tape show provided to FDA's Consumer Affairs Officers in the field to use during presentations to the public (may be borrowed by interested organizations/parties).

PACEMAKERS

Dysfunction of the electrophysiology of the heart can develop with age, be caused by disease, or result from surgery. People with this condition can suffer from fainting, dizziness, lethargy, heart flutter, and a variety of similar discomforts or ills. Even more serious, life-threatening conditions such as congestive heart failure or fibrillation can occur.

The modern pacemaker is designed to supply stimulating electrical pulses when needed to the upper or lower chambers of the heart or with some newer models, both. It has corrected many pathological symptoms for a large number of people.

Approximately half a million elderly persons have pacemakers. At present, an estimated 125,000 pacemakers are implanted annually, 30 percent being replacements. An estimated 75 percent of these are for persons 65 years of age or older. Without pacemakers, some of these people would not have survived. Others are protected from life-threatening situations and, for most, the quality of life has been improved.

FDA, in carrying out its responsibilities of ensuring the safety and efficacy of cardiac pacemakers, has classified the pacemaker as a Class III medical device. Devices in Class III must undergo stringent testing requirements and FDA review before approval is granted for marketing.

In addition, FDA, in conjunction with the Health Care Financing Administration (HCFA) of the Department of Health and Human Services (HHS) is instituting a national registry of cardiac pacemaker devices and leads. HCFA and FDA have developed an operational registry with a data base of approximately 75,000 pacemaker and lead entries to date. FDA is also working with the Veterans Administration, which has several years experience in operating a pacemaker registry, to validate the accuracy of the data base. The information in the registry can be used to assist the Secretary of HHS in determining when payments may properly be made under Medicare.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) provides leadership and direction to programs and activities designed to improve health services for people at all levels of society in the United States. Established in 1982, HRSA is one of the newest agencies in the Department of Health and Human Services. As part of the Public Health Service, HRSA has leadership responsibility for general health service and resource issues relating to access, equity, quality, and cost of care.

HRSA pursues its objectives by: providing direct, personal health services for American Indians, Alaska Natives, Hansen's Disease patients and other designated beneficiaries; supporting States and communities in their efforts to plan, organize and deliver health care, especially to underserved area residents, migrant workers, mothers and children and other groups with special needs; providing leadership to improve the education, distribution, supply, use and quality of the Nation's health personnel; supporting efforts to integrate health services delivery programs with public and private health financing programs; improving the use of health resources; providing technical assistance for modernizing or replacing health care facilities; administering the organ transplant program; and supporting AIDS demonstration projects.

The areas of responsibility outlined above are carried out by four components within HRSA: Bureau of Health Professions, Bureau of Health Care Delivery and Assistance; Indian Health Service, and Bureau of Resources Development. In 1986 three of these entities significantly influenced programs and activities that benefited the elderly throughout the Nation. A detailed description of these activities follows.

BUREAU OF HEALTH PROFESSIONS [BHPR]

The Bureau of Health Professions provides national leadership in coordinating, evaluating, and supporting the development and utilization of personnel required to staff the Nation's health care delivery system. It assesses the supply of and requirements for the Nation's health professionals and develops and administers programs to meet those requirements; collects, analyze data, and disseminates information on the characteristics and capacities of health professions production systems; and develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. The Bureau provides financial support to institutions and individuals for health professional education programs, administers Federal grant programs for targeted health personnel development and utilization, and provides technical assistance to national, State, and local agencies, organizations, and institutions for the development, production, utilization, and evaluation of health personnel.

Fiscal year 1986 program activities contributing to the development of professional personnel to provide health care to the aged included:

(1) Activities under training authorities targeted specifically for geriatric and gerontological education.

(2) Activities under training authorities for primary care, nursing, and other health professionals where geriatric training may be provided as part of a broader educational emphasis.

(3) Other activities aimed at enhancing the qualifications of future health care providers to respond to the needs of the aged.

TARGETED SUPPORT FOR GERIATRICS

Twenty-three Geriatric Education Centers received grants under section 788(d) of the PHS Act, an authority which specifically authorizes geriatric training. The centers are located in the following institutions and locations: Univesity of Washington, Seattle, WA; Harvard Medical School, Boston, MA; SUNY at Buffalo, NY; University of Puerto Rico, San Juan, PR; Mt. Sinai—Hunter College, New York City, NY; Temple University, Philadelphia, PA; University of Pennsylvania, Philadelphia, PA; Medical College of Virginia, Richmond, VA; University of Alabama at Birmingham, Birmingham, AL; University of North Carolina, Chapel Hill, NC; University of Mississippi, Jackson, MS; University of Kentucky, Lexington, KY; Case Western Reserve University, Cleveland, OH; Baylor College of Medicine, Houston, TX; University of Texas Health Service Center at San Antonio, San Antonio, TX; University of Missouri at Kansas City, Kansas City, MO; University of Utah, Salt Lake City, UT; University of North Dakota, Grand Forks, ND; University of Southern California, Los Angeles, CA; Marquette University, Milwaukee, WI; University of Iowa, Iowa City, LA; and University of Connecticut, Farmington, CT.

Awards for these 23 Geriatric Education Centers totaled $6,419,823 for fiscal year 1986. Additional competitive awards to develop new centers and to enhance existing centers are planned for fiscal year 1987.

These centers are educational resources providing multidisciplinary geriatric training for health professionals faculty, students and professionals. They provide comprehensive services to the health professionals educational community within designated geographic areas. Activities include faculty training in medicine, osteopathy, dentistry, pharmacy, nursing, and related allied and public or community health disciplines. Other purposes are the provision of technical assistance in the design and conduct of inservice and continuing education programs for practicing health professionals and assisting health professions schools in the selection, installation, implementation, and evaluation of appropriate geriatric course materials and curriculum improvements.

On June 2-4, 1986, the Bureau held a national invitational conference on education of health professionals in geriatrics. The conference brought together over 400 academic health science administrators, key faculty, and others. The conference focused on three specific objectives:

1. the educational implications of advances in the biomedical and behavioral sciences affecting the care of the elderly;
2. the educational uses of new clinical settings, such as nursing homes, assessment units, and ambulatory care clinics; and
3. the content of new curricula for geriatric education in various health professional schools.

GERIATRIC ACTIVITIES SUPPORTED UNDER BROADER TRAINING AUTHORITIES

The General Dentistry training grant program currently supports 34 postdoctoral residency and advanced education programs in dentistry, which include training opportunities in providing dental care for the elderly. In 1986 and 1987, special consideration was given to grant applicants who proposed to further expand and improve the geriatric training components of their postdoctoral programs.

Thirty-one predoctoral grantees and 69 graduate programs in Family Medicine provided training in Geriatrics, impacting an estimated 592 students and residents. In residency training in Family Medicine programs, 38 grantees received funds totaling $1,652,800 to provide curriculum content in geriatrics and gerontology to medical students. Additionally, 15 Faculty Development training programs indicated training of faculty in this area. Sixteen grantees funded to establish Departments of Family Medicine indicated the provision of geriatric training.

Under the Area Health Education Center program, 14 of 16 grantees that indicated emphasis in geriatric activities received a total of $828,990 for that purpose. Among the projects funded under the AHEC special initiative authority are projects to develop and implement a geriatric nurse practitioner and physician assistant certification program and to identify geriatric resources and personnel.

Thirty grantees funded under the General Internal Medicine and General Pediatrics Residency program indicated the provision of geriatric training in fiscal year 1986. An estimated 362 residents received geriatric medicine training. A total of $91,173 was awarded to 6 programs for their activities. In addition to the graduate training program, 3 awardees in the General Internal Medicine/General Pediatrics Faculty Development grant program indicated that a geriatric training emphasis would impact approximately 6 faculty. No specific funds were granted for that activity.

Twelve of the 30 Physician Assistant training program grantees that indicated geriatric activities received support totaling $94,787. The amount of these awards ranged between $300 to $17,625.

Seven Preventive Medicine Residency training program grantees indicated inclusion of geriatric curricula in their programs. An estimated 24 individuals received this training.

The Advanced Nursing Education authority supported 8 grants totaling $793,145 for gerontological and geriatric nursing concentrations in programs leading to a master's or doctoral degree in nursing.

Fifteen Geriatric Nurse Practitioner grants were funded in the amount of $1,343,941 to provide special preparation in the care of well and frail elderly in a variety of settings.

A new special project grant authority was added to the nurse education authorities to demonstrate improved geriatric training in preventive care, acute care, and long-term care (including home health care and institutional care). Twenty percent of appropriated funds were earmarked for this activity. Twelve grants were awarded for a total of $1,800,000.

Until time of its transfer to the National Institutes of Health in the spring of 1986, the Nursing Research grant program supported four projects contributing to the body of knowledge underlying problems of the elderly and investigating interventions affecting the well-being of elderly populations.

OTHER ACTIVITIES

During Fiscal Year 1986, the Bureau continued to coordinate its geriatric activities with those of the NIA, AoA, NIMH, VA and DoD through the Department's Task Force on the Enhancement of Training in Geriatrics and Gerontology. The Task Force, which is chaired by the Director of the National Institute on Aging, was reconstituted in mid-1986, adding representatives of the Administration on Developmental Disabilities, the Health Care Financing Administration, the National Center for Health Statistics, the National Center for Health Services Research and Health Care Technology Assessment, the National Institute of Dental Research and the Department of Labor's Bureau of Labor Statistics. Major effort is underway to respond to a congressional requirement for a study of personnel to meet the health needs of the elderly through the year 2020. During 1986, the Bureau, in cooperation with professional associations, developed supply/requirements estimates of medicine, nursing, allied health, public health and dental health personnel needed to care for the health needs of the Nation's elderly in the early years of the next century. These projections will be included in the forthcoming Report to the Congress under development by the Task Force.

As a result of an interagency agreement between the Bureau's Division of Nursing and the National Center for Health Statistics, a contract was negotiated with Research Triangle Institute for $117,000 to examine the data received by the Division from the 1985 National Nursing Home Survey. Those data, along with data from other data bases, will be used to develop an analysis of the factors affecting nurse utilization in nursing homes and the retention and recruitment of registered nurses for these homes.

A contract with the Health Services Research Center of the University of North Carolina has produced a nursing assessment interview tool to identify self-care behaviors practiced by the elderly in the community.

Dentistry was given priority in the 1987 grant cycle for the Coordinated Discretionary Funds Program administered by the Office of Human Development Services (HDS), DHHS. The Bureau's Division of Associated and Dental Health Professions worked closely with HDS' Administration on Aging in developing dental geriatric program areas to be announced and in reviewing grant applications.

The Bureau's Division of Medicine contracted with East Carolina University's School of Medicine to develop a curriculum resource package to prepare faculty to teach geriatrics to family medicine residents. The 4-week training package includes instruction in geriatrics and gerontology; clinical experience in the diagnosis, care and overall management of elderly patients; and guidelines for incorporating geriatric material into residency curricula. It is divided into four modules which relate to the following care settings: (a) nursing home; (b) rehabilitation center (c) acute care hospital; and (d) home and ambulatory care. The project has field tested the modules on 2 residents and refinements based on that experience are in progress. The modules are scheduled to be used in training from 20–25 faculty between January and June 1987. It is anticipated that the final package can be replicated in a number of residency settings.

The Bureau collaborated with the American Academy of Physician Assistants in an intramural study of practice roles of physician assistants in the care of elderly patients. The purpose of the study was to identify the full range of physician assistant activity in nine different geriatric settings and derive models for future utilization of physician assistants. It is expected that the study report will be available for dissemination in early 1987.

Under a contract with Stanford University, the Bureau is supporting the development of a model geriatric clerkship curriculum to be used in physician assistant training programs. The curriculum materials are expected to be ready for dissemination to physician assistant programs in the Fall of 1987.

Also under a contract with Stanford University, the Bureau supported the design and conduct of a 3-week training program aimed at faculty development in geriatrics and gerontology. Twenty-one faculty members received this individualized training, enabling them to implement or expand geriatric instruction upon return to their own institutions. A curriculum resource package will be available for dissemination in December 1986.

BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE

Health Resources and Services Administration (HRSA) continued its support for a variety of health care programs which were widely used by older Americans in fiscal year 1986. About 470,000 people 65 years of age or older were among the 6 million people treated in the 567 Community Health Centers (CHC) and Migrant Health Centers (MHC) which were funded by the Bureau of Health Care Delivery and Assistance (BHCDA) (86 centers were jointly funded as CHC and MHC). A total of 3,179 National Health Service Corps (NHSC) professionals served in health manpower shortage areas providing care to 3 million people. During fiscal year 1986, the BHCDA expanded health and support services to the elderly. The health care programs and services offered by HRSA were used by older Americans who were among the medically underserved and statutorily defined beneficiary population groups served by HRSA. Thirty-nine grants were awarded in fiscal year 1986 to expand the Nation's capacity to provide home health care services. Approximately 60 to 70 percent of the population served by the home health care services program are age 65 or older.

COMMUNITY HEALTH CENTERS

In fiscal year 1986, a total of 567 CHC and MHC located in medically underserved areas provided a range of preventive, curative and rehabilitative services to 5 million persons. About 9 percent of those served were age 65 or older. Formal and informal linkages existed between some center grantees, the U.S. Department of Agriculture (USDA), and the Administration on Aging (AoA) to augment the number of social and nutritional programs available. These include the food stamp program, the meals-on-wheels projects, and programs in which the CHC provides services to seniors in congregate housing and sponsors multiphasic screening clinics in senior citizen centers and recreational areas. Other linkages include transportation arrangements with long-term care institutions and individual service arrangements with nonprofit senior centers and home health agencies. Special efforts have been made to integrate home health services into an overall health care package as evidenced by the certification of several CHC as medicare home health providers.

HOME HEALTH

The Bureau of Health Care Delivery and Assistance administers the Home Health Services Program authorized under Title III of the Public Health Service Act through September 30, 1987. Awards in fiscal year 1986 totaled $1,435,000. Eleven awards are being used to develop or expand home health services. Twenty-eight awards are providing basic training for homemaker/home health aids. Some of the continuing education will cover orientation to high tech equipment now being used in the home and care of the homebound AIDS patient. These grantees are expected to meet the certification standards for home health agencies and conditions of participation established by the Health Care Financing Administration. In addition, curriculum content for training homemaker/home health aides is to include the scope of material presented in "A Model Curriculum and Teaching Guide for the Instruction of Homemaker/Home Health Aides" as published by the National Homecaring Council, Foundation for Hospice and Home Care. Although some States, such as California, have established higher standards for the training of homemaker/home health aides, this referenced curriculum provides the minimum standards necessary for reimbursement of homemaker/home health aide services under Medicare.

BHCDA is also funding the development of a supplement to the Model Curriculum for homemaker home health aides on the care of patients receiving high technology therapy in the home. The training will help the aide understand the various types of equipment or therapies they may encounter, and risks associated with the provisions of care to these patients. The aide will not be trained to provide professional care. This supplement to "A Model Curriculum and Teaching Guide for the Instruction of Homemaker Home/Health Aides" should be available December 1986.

MIGRANT HEALTH

The MHC program provides health care services for migrant and seasonal farmworkers and their families. Migrants live and work in predominantly rural areas where health resources are frequently scarce. The elderly migrant, beset by increasing health problems, is placed in a vulnerable position—faced with inadequate health resources and manpower, and language and cultural barriers. The MHC program authority, section 329 of the PHS Act, as amended November 1978, includes language that broadens eligibility to include a significant number of elderly and disabled. With that legislative authority, the MHC program can serve "individuals who have previously been agricultural workers but can no longer be employed as migrant farmworkers because of age or disability, and members of their families within the area it serves". In fiscal year 1986, services were provided to over 450,000 migrant and seasonal farmworkers through 119 projects. It is estimated that about 2 percent of the migrant and seasonal farmworkers being served in projects funded with section 329 funds are 65 or older.

THE NATIONAL HEALTH SERVICE CORPS

The mission of the NHSC is to provide health manpower to American communities and population groups whose health needs are not otherwise fully met. The NHSC places physicians, dentists, nurse practitioners, and other health professionals in areas that have health manpower shortages. Older Americans with special health needs and reduced mobility need primary care providers close at hand. The Corps works closely with the CHC and MHC programs and provides assistance in recruiting health manpower for these programs.

In fiscal year 1986, the NHSC continued its commitment of health care to the elderly. The Corps focused on geriatric medicine and other gerontological issues at the NHSC regional inservice conferences for providers and emphasized geriatric health concepts. Through various programs such as nutrition counseling, high blood pressure screening, physical therapy, and stroke prevention.

INDIAN HEALTH SERVICE [IHS]

The Indian Health Service (IHS) provides a comprehensive program encompassing preventive, acute, and chronic care services to American Indians and Alaska Natives of all ages. The hallmark of the IHS program has been a balanced set of services designed to meet the epidemiclogically defined needs of our Service population. The research activities regarding elder care needs are limited to this epidemiologic analysis.

The success of this approach is attested to by the increasing life expectancy at birth of American Indians and Alaska Natives. A recent report prepared by the IHS staff analyzed the life expectancy at birth of our Service population for the period 1979–81 and compared these statistics to similar data from the period 1969–71. This study revealed that in the 10-year period described, the average life expectancy at birth for American Indians and Alaska Natives of both sexes increased an average of 6 years. The members of our Service populations may expect to live to an age of greater than 70 years. While this is still below the figures for the U.S. population as a whole, who may expect to live to 73.7 years (1980), it does reveal that an aging population is developing in Indian country.

Currently the population aged 65 and above constitutes about 5.3 percent of the IHS service population. In absolute numbers, this means that approximately 52,000 individuals of the 989,000 IHS service population are aged 65 and above. Of this elderly group, approximately 33,000 are eligible for Medicare. Under provisions of Public Law 94–437, the IHS is allowed to bill Medicare for services provided to eligible Indian patients. The funds recovered under these provisions are by law to be used to redress deficiencies identified by the Joint Commission on Accreditation of Hospitals. In fiscal year 1985 the IHS collected $17,313,971 under Medicare.

The provision of health services to this population requires many resources. In fiscal year 1985, the number of visits to IHS ambulatory facilities by patients aged 65 and above accounted for approximately 10 percent of all visits. The number of inpatient hospital days accounted for by this group totaled almost 18 percent of hospital days for patient care in IHS hospitals. An analysis of resource intensiveness reveals that services provided to those 65 years and older were more resource intensive than for younger patients. In national trends in this population may be extrapolated to our service population, the use of IHS acute services by the elderly will increase, resulting in an ever greater proportional use of IHS resources.

The Indian Health Service recognizes these trends and has developed a number of programmatic approaches to address the issues of health care for the elderly.

In the area of preventive programs, IHS has, either through its directly operated facilities or in conjunction with tribal health programs, initiated many activities. In its directly operated programs specific curricula have been developed in nutrition, health education, environmental issues, and disease-related areas (such as diabetes) to increase health maintenance behaviors in elderly populations. This is typificied by the Central Diabetes Program in the IHS. This program, which utilizes a multidisciplinary team, has been operational for 7 years. The program emphasis has targeted the prevention of such catastrophic sequelae of Type II diabetes as amputations and end-stage renal disease. Through the collaborative efforts of IHS providers, tribal-community groups, and the National Diabetes Advisory Board, a program was developed to prevent the above problems which incapacitate many, primarily older, Indian patients.

IHS funded tribal health activities also include many efforts in this area. Tribally operated Community Health Representative programs have had as a main emphasis, health promotion among elderly populations. This is a well-defined element of the scope of work negotiated with the Tribes for Community Health Representatives.

Acute care for the elderly is a vital, ongoing element of the IHS program. As the statistics presented earlier suggest, the elderly receive a disproportionately higher share of care than other age groups. The acute care programs encompass a full range of ambulatory and inpatient care.

Chronic care programs utilize ambulatory, inpatient, and community services. These programs involve a variety of providers including physicians, nursing personnel, both in facilities and communities, nutritionists, dentists, physical therapists and many others. These programs reflect the efforts of IHS and tribal employees. Our efforts in providing chronic care to the elderly and others is typified by programs involving the collaborative efforts of IHS providers and tribally operated home health care agencies. In these programs, IHS providers work together with tribal employees to effectively develop discharge and home care plans for the elderly individuals discharged from inpatient care, but requiring continued care in the home. The continued monitoring of the patient's health status by this team is paramount to early diagnosis and intervention or prevention. This approach has proved successful in many locations over time. The Zuni Tribal Home Health Care Agency has, for example, been quite successful over the last 5 years in working closely with the staff of the IHS Zuni Comprehensive Health Center.

With regard to the question raised in your letter of invitations, the IHS has not established at the national level, an office of Gerontology Services. However, one Area with a large elderly population, and minimal State or local resources available to this population, has established a Geriatric Health Coordinator position and hired a qualified physician to address needs in the Area. Other Areas currently are evaluating the need for such specialized skills. Specialized geriatric training for health professionals currently working in Indian communities covering such topics as prevention of toxic drug interactions, nutritional needs of the elderly, and immunization requirements of aging populations is routinely provided.

IHS recognizes that there is a growing elderly population in American Indians/Alaska Natives communities. Problems are now surfacing in these communities regarding long term care of chronic disease. As indicated previously in this testimony, the IHS is committed to home health care as a mainstay of care. Institutionalization of elderly individuals is clearly a last resort approach to chronic care that is not consistent with the community-based wellness approach that is the core of IHS professional goals. Rather than inappropriately institutionalizing individuals the IHS would much rather work with Indian communities to develop innovative home and community based approaches to the chronic care needs of the elderly. Further refinement of the approaches to these issues is ongoing.

Finally, the IHS is part of the Indian Elders Initiative Task Group sponsored by the Office of the Assistant Secretary for Human Development Services. This Task Group, which has representation from the Administration on Aging, the Administration for Native Americans, the Indian Health Service and other elements of the Department of Health and Human Services, is working steadily to enhance and coordinate policy development in Indian elderly health care issues.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING

I. Introduction

The increase in the number of people over age 65 and the rise in the proportion of older to younger people are perhaps the most startling demographic changes of this century. Individuals over 65 constituted 4 percent of the American population in 1900 and nearly 12 percent in 1985. By 2030, a projected 17 to 20 percent of Americans will be in this age group. This shift in population will have profound social, economic, medical, and personal consequences for which we must be prepared.

Research is one means of finding answers to the many questions we have about the processes of growing old. The National Institute on Aging (NIA) is repsonsible for conducting and supporting biological, behavioral, social, and epidemiological research on all aspects of the aging process. During 1986, NIA research projects have shed light on some of the many mysteries of this period of development. The Institute has also continued to encourage the academic community to make geriatrics a more prominent part of their educational and research programs.

Knowledge gained from research supported and conducted by the NIA over the past 11 years has enabled health professionals to provide better care for older people. The NIA's primary concern is not to extend the human lifespan, but to make it possible for each individual to lead a healthy and productive life during the later years. The following document presents the current research priorities of the NIA and some of the more important research findings from the last year.

II. Current Research and Priorities

Although research on aging processes and the diseases associated with advanced age is still in the early stages, significant progress has been made in the last decade. The NIA has identified five broad program areas as the highest research priorities: Alzheimer disease; understanding the basic mechanisms and characteristics of aging; hip fractures, osteoporosis, falls, and gait disturbances; strategies for promoting health and effective functioning in older people; and training and career development in geriatrics and aging research.

A. ALZHEIMER DISEASE

Alzheimer disease causes a variety of physical, psychological, and emotional changes; in the final stages of the disease, it leads to a complete loss of memory and, as one author recently described it, loss of self. In addition to the toll it takes on those who suffer from it, Alzheimer disease presents enormous problems to patients' families and raises complex social and economic issues for society. At the National Institutes of Health, Alzheimer disease presents a unique challenge to scientists who are trying to find out what causes the disease, how it progresses, and how we can treat, cure, and maybe some day prevent it.

Alzheimer disease is no longer regarded as a natural consequence of aging as it was only a decade ago. It does, however, affect a substantial proportion of older people. Although the exact numbers are not known, it is estimated that between 2.5 and 3 million people have Alzheimer disease and that the total cost of their care is nearly $90 billion per year.

Older people face the greatest risk of developing Alzheimer disease—the older they are, the greater the risk. More than one-half of all the people who have ever survived to age 65 are alive today—and as many as 1 of every 10 has Alzheimer disease. A large number of older people alive today will survive to age 85—when their chances of developing Alzheimer disease may be 1 in 3. Because of the growth of the older population, and the particularly rapid growth of the population over age 85, the number of people with Alzheimer disease is expected to quadruple by the middle of the 21st century.

1. Diagnosis

One of the major issues that still challenges scientists is the diagnosis of Alzheimer disease. In 1906, Alois Alzheimer identified the disease by looking at autopsied brain tissue. Even today, the only way to diagnose the disease definitely is to look at brain tissue after the patient has died. Several recent and very sigificant findings, however, may soon lead to a chemical test to diagnose Alzheimer disease.

At the Albert Einstein College of Medicine in the Bronx, New York, NIA grantee Dr. Peter Davies has discovered an abnormal protein in the brains of Alzheimer patients and particularly in those parts of the brain that are most severely affected by the disease. Using a substance called Alz-50, the investigator and his colleagues found abundant amounts of this unique protein, which they call A-68, in the brains of each of the more than two dozen Alzheimer patients that they tested. The largest concentrations were found in the brain's cortex, or outer layer, as well as the hippocampus, which is located deeper in the brain. Both the cortex and the hippocampus are vital to memory and other mental functions and both are severely damaged in Alzheimer disease.

Alz-50 is a monoclonal antibody that was developed in Dr. Davies' laboratory to probe the inner workings of Alzheimer brain tissue. Antibodies are produced by the body's immune system as a means of identifying foreign or abnormal protein and fighting disease. Scientists, such as Dr. Davies, can now manufacture monoclonal antibodies outside of the body and use them to detect the presence of foreign substances.

Although Dr. Davies found A-68 throughout the diseased nerve cells, most of it was concentrated in the degenerating nerve cell endings which form the characteristic neuritic plaques of Alzheimer disease. This, coupled with information on the weight, solubility, and other characteristics of the protein, makes it distinct from proteins that are seen in normal brain tissue and other proteins that have only recently been identified in Alzheimer tissue.

If the scientists can find the A-68 in the blood or the cerebrospinal fluid—and if this work is corroborated by others—it may become a valuable diagnostic tool.

According to the investigators, these studies might also reveal more about the mechanisms of brain cell death in Alzheimer disease. In a small percentage of the Alzheimer samples he studied, Dr. Davies found A-68 in apparently healthy cells. The investigators speculate that these cells may later develop the damage typical of Alzheimer disease and that the presence of the protein may signal an early stage in the disease's destructive process.

2. Related Research

In related studies at the Institute for Basic Research in Developmental Disabilities in Staten Island, New York, NIA grantee Dr. Henryk Wisniewski and his colleagues have found another brain protein that plays a role in Alzheimer disease. In this case, the protein is a normal one that is altered in the diseased brain.

Dr. Wisniewski's research focuses on the chemical origin of neurofibrillary tangles which, likes plaques, are hallmarks of Alzheimer disease in autopsied brain tissue. In years of research that culminated this past year, Dr. Wisniewski and his colleagues have been studying neurofibrillary tangles and found that the normal protein "tau" is a major component.

In the healthy cell, tau is the building block of microtubules. Microtubules are tiny cylindrical structures made up of long strands of protein that help transport nutrients and other substances between the body of the nerve cell and its terminals. In the affected cells of the Alzheimer brain, the hair-like strands of protein that make up microtubules become twisted into neurofibrillary tangles. Dr. Wisniewski's findings now suggest that some change in the tau protein causes the fibers to tangle, which in turn disrupts the normal transport system, and eventually leads to cell death.

Dr. Wisniewski and his colleagues are hopeful that the identification of the modified tau protein might eventually lead to a test for Alzheimer disease. In fact, they have already seen substances that react to the antibodies they have developed in the cerebrospinal fluid which bathes the brain. Even more than this, however, they are excited by the possibilities of finding what may be one of the earliest changes to take place in the Alzheimer brain.

Studies by grantees of both the NIA and the National Institute of Neurological and Communicative Disorders and Strokes (NINCDS) are already confirming Dr. Wisniewski's findings. At Brigham and Women's Hospital in Boston, Massachusetts, Drs. Dennis Selkoe and Kenneth Kosik have shown that Alzheimer disease is associated with massive reorganization of the microscopic structures within the cell body. Like their New York colleagues, these investigators speculate the tau protein is largely responsible.

Several years ago, Dr. Selkoe and his colleagues developed an antibody to investigate the twisted fibers that make up neurofibrillary tangles. At that time, the scientists speculated that the tangles were composed of highly stable proteins that were unlike any proteins found in healthy brain cells.

In their most recent experiments, the investigators looked again, this time at the microtubules whose role is so critical to the life of the cell. There, they found, as did Dr. Wisniewski, abnormal accumulations of tau interferring with the finely regulated transport system in the cell body.

Further research on these structural proteins may help scientists determine the cause of Alzheimer disease.

3. Neuropsychology and the Diagnosis of Alzheimer Disease

Until a chemical test for Alzheimer disease becomes available, physicians and researchers will continue to use standard clinical examinations and new, more sophisticated neuropsychological tests as they become available. At Harvard University, NIA grantee Dr. Marilyn Albert and her colleagues have developed a test which they say may be very sensitive to the changes that occur in Alzheimer patients' memories.

The test is more like a game than any of the standard neuropsychological tests currently being used. The person administering the test shows the subject a disc applied to a board, then covers the board and applies a second disc. The discs might be blank (testing memory for spatial relations), colored, or imprinted with words (to test verbal memory). The subject need only point to the new disc to complete the test.

The value in terms of diagnosis comes when the test is repeated 15 seconds and then 2 minutes later. According to Dr. Albert, Alzheimer patients have considerable memory loss after 2 minutes. Even patients who suffer severe memory loss of Korsakoff's syndrome, a form of dementia associated with chronic alcoholism, do not forget as much information in the minute and 45 seconds between the two tests.

According to the investigators, the test is quick and easy to administer; it is practical for both research and clinical settings; and can be modified to test patients of vastly different educational levels. Perhaps most importantly, it presents virtually no threat to individuals who might have some concerns about their abilities to perform on a memory test.

Dr. Albert and her colleagues have examined several thousand patients with tentative diagnoses of Alzheimer disease, Huntington's disease, and Korsakoff's syndrome. They hope to learn more about the accuracy of their test once they look at autopsied tissue and make a definitive diagnosis.

4. Mechanisms of Alzheimer Disease

In the 1970's, it was clearly established that Alzheimer disease causes a serious decrease in the neurotransmitter acetylcholine, one of several chemical messengers in the brain, and one that is closely tied to memory and other mental functions. This finding stimulated considerable scientific activity aimed at identifying the exact nature of the defect and finding a way to treat the disease with drugs. In fact, we used to believe that doctors might eventually treat Alzheimer disease in much the same way that they treat Parkinson's disease—only Alzheimer disease now appears to be too complex a problem involving many different elements of brain chemistry and anatomy.

Dr. Donald Price, who heads the NIA-supported Alzheimer Disease Research Center at the Johns Hopkins University in Baltimore, Maryland, finds that Alzheimer disease results in a disruption in the chemical messengers involved in memory, thinking, mood, arousal, and response as well as in those chemicals that stimulate and control their activities. His latest research suggests that there is also a reduction of corticotropin-releasing factor (CRF) in parts of the Alzheimer brain. CRF is the hormone that activates the adrenal gland and initiates the body's response to stress.

This is the first time that this hormone has been linked to Alzheimer disease and may explain the depression that frequently accompanies Alzheimer disease. In the coming year, Dr. Price will continue to look at various neurotransmitters and other brain chemicals that play a role in the symptoms and progression of Alzheimer disease.

5. The Calcium Connection

One area that has captured the excitement of the scientific community—and may eventually piece together much of what we know about Alzheimer disease—involves the delicate balance of calcium concentrations within the brain.

The primary role of calcium within nerve cells is to transmit information and initiate the full range of activities that keep the cell alive and the brain functioning. In the healthy brain, the normal level of calcium within the cell is as much as 100,000 times less than that outside the cell. When the cell is stimulated, the level of calcium increases temporarily and sets cell activity in motion, whereupon excess calcium is removed. If the concentration of calcium remains high in the cell for too long, it causes cell death.

Independent studies by NIA grantees Drs. Gary Gibson (Burke Rehabilitation Center; White Plains, New York), Gary Lynch (University of California, Irvine), Mary Michaelis (University of Kansas, Lawrence), Philip Landfield (Wake Forest University; Winston-Salem, North Carolina), Ralph Nixon (McLean Hospital; Belmont, Massachusetts), and Dean Smith (University of Wisconsin, Madison) all point to disruptions in this vital balance of calcium in Alzheimer disease and, to a much lesser extent, in normal aging. Most recently, scientists have speculated that excess calcium in nerve cells may be the key to changes in brain metabolism, neurotransmitter activity, production of proteins, transport of vital nutrients, and perhaps the entire range of changes that scientists see in the Alzheimer brain.

For future studies, scientists will attempt to improve our understanding of the complex chemical mechanisms that regulate the balance of calcium.

6. Towards a Treatment for Alzheimer Disease

In research on the mechanisms of Alzheimer disease, one thing has been clearly established—nerve cells die, particularly in that part of the brain that commits information to memory. Now, an NIA-supported scientist at the University of California, Irvine has found that surviving brain cells make a futile attempt to hold off the ravages of cell death, ultimately to no avail.

Several years ago, Dr. Carl Cotman and his collegues demonstrated that a nerve cell whose connections to other nerve cells was severed by a sudden injury or accident could "resprout" new nerve fibers so that the brain's circuitry was not disturbed. Now he has shown that the brain also tries to compensate for the steady nerve cell loss that is seen in such chronic conditions as Alzheimer disease.

The investigators looked at brain tissue from patients who had died with Alzheimer disease and compared it with tissue from a group of individuals of the same ages who have died of different causes. In the Alzheimer tissue they found that brain cell death stimulated compensatory growth of new connections, or axons.

Whether these new connections can help restore lost functions in the brain, or simply add to the confusion, is not known. Nonetheless, the investigators are hopeful that it may someday be possible to harness the brain's natural, albeit limited, ability to repair itself which may lead to strategies to treat Alzheimer disease.

7. Help for Alzheimer Patients at Home

Many people believe that home is oftentimes the most supportive place for an Alzheimer patient. As Alzheimer disease progresses, however, even the home can become an unfamiliar—and sometimes threatening—environment.

In order to help both patients and their families, a team of NIA-supported scientists from the University of Washington in Seattle is looking at the changing physical and mental abilities of Alzheimer patients over time, and the growing demands that they face in their own homes as a result.

Dr. H. Asuman Kiyak and her colleagues are currently in the second year of a 3-year study of Alzheimer patients and their families. The investigators are looking at the patient's physical health—including changes in their abilities to see, hear, walk; the patients' mental health—including failing memory and awareness time; and their needs and preferences in terms of such things as privacy and security. They then evaluate this information in terms of the basic physical characteristics of each house, including the house floor plan, stairs, lighting, and the number of clocks, calendars, and complex electrical appliances.

Although the study will not be completed for another year, the investigators report some interesting preliminary results. Not surprisingly, as Alzheimer disease progresses, microwave ovens, vacuum cleaners, light switches, dishwashers, and other electrical appliances become difficult for patients to operate. The families also find that patients experience problems with heat and cold, and often become frustrated in their attempts to adjust room or water temperatures.

Rather than making changes in the house layout or routines, however, almost all of the families simply deal with problems on a case-by-case basis. Many times, this means assuming responsibilities that the patients can no longer handle, thus adding to the already overwhelming burden on the person responsible for care.

Dr. Kiyak and her colleagues feel that it may be necessary, and far less difficult for the family, to simplify the patient's physical environment. The investigators hope that their final results will offer some practical solutions for families and patients at home.

8. Research on Alzheimer Disease Supported by the National Institute of Neurological and Communicative Disorders and Stroke

As the principal support of neurological research in the United States, the NINCDS is vitally involved in the study of Alzheimer disease. NINCDS scientists are pursuing basic studies of brain and brain cell abnormalities associated with this dementing illness. At the same time, clinical investigators are trying to improve the diagnosis of Alzheimer disease, which can be mistaken for other neurological disorders. To accomplish these goals, neuroscientists use sophisticated brain imaging and laboratory techniques.

a. Tangling with brain proteins

This year, NINCDS-supported investigators found abnormalities in the distribution of proteins within neurons that contain neurofibrillary tangles.

Dr. Donald Price—whose research on Alzheimer disease was also discussed in the NIA section of this report—and Dr. Ludwig Sternberger at the University of Maryland School of Medicine in Baltimore are independently studying the proteins that make up neurofilaments. This year, working separately, both scientists found an abnormality in an important biochemical process called phosphorylation. This process involves the addition of phosphate to protein. Phosphorylation regulates the activity of many of the body's enzymes, which in turn control basic physical processes such as tissue growth. Phosphorylation normally takes place in the axon. However, Drs. Prince and Sternberger found that in Alzheimer patients, phosphorylation occurs in the cell body. Phosphorylation in this abnormal location may alter the physical properties of the neurofilaments, perhaps increasing their rigidity.

b. More on the Calcium Connection

NINCDS/NIA grantee Dr. Michael Shelanski, at New York University Medical Center in New York City has found unusually low calcium levels in skin cells obtained from Alzheimer patients. The patient's calcium levels were 70 percent less than the levels found in healthy older people and 81 percent less than the levels identified in healthy young people. Based on these preliminary findings, Dr. Shelanski suspects that brain cells of Alzheimer patients may similarly show abnormalities in calcium levels. The striking difference in calcium levels between patients and healthy people may enable scientists to design a new diagnostic test for Alzheimer disease that measures calcium in skin cells.

c. Infectious proteins

Some scientists have suggested that Alzheimer disease might be caused by a "slow virus" infection that lies dormant in the body for many years before producing symptoms. This year, NINCDS/NIA grantee Dr. Stanley Prusiner of the University of California at San Francisco, who previously coined the term "prison" for an unusual infectious particle associated with some slow-virus disorders, identified a gene in mice that controls the incubation time of scrapie, a slow viral disorder which was first described in sheep and goats. In studies involving different strains of mice, Dr. Prusiner found that many strains developed scrapie after differing lengths of time. Analysis of the mice's genetic material revealed that both the prison protein gene and the gene that controls the incubation period, the "clock gene," are on the same chromosome. This close genetic link means that the prison protein gene can serve as a marker for the clock gene. Such a marker could identify the strain of mice most likely to get the disease first.

This is the first evidence of a genetically controlled biological clock in animals that times or triggers the development of a disease.

Dr. Prusiner hopes to use the prison protein gene to study timing mechanisms in human neurological such as Alzheimer disease. If a similar linkage between a prison protein gene and a clock gene can be found on the chromosomes of people with Alzheimer disease, scientists may have an explanation as to why most cases of the disease occur after age 65.

d. Helping Nerve Cells Make Connections

According to one theory, Alzheimer disease may result from a loss of important substances, called trophic factors, that help nerve cells make and maintain appropriate connections with other nerve cells. NINCDS/NIA grantee. Dr. Bruce Wainer of the University of Chicago in Illinois has found new evidence that nerve growth factor (NGF), a protein known to be important in the function of peripheral nerves, may be one of several trophic substances that aid the survival of cholinergic nerve cells in the brain. When Dr. Wainer added NGF to cultures of nerve tissue from mice embryos, the substances caused the nerve cells to mimic the normal growth process of the cells in the brain: the cells in culture sent out extensions or fibers that connected with other cells. NGF also helped the nerve cells survive in culture. Further research may point to a specific relationship between NGF and Alzheimer disease.

e. Brain Imaging

Positron emission tomography (PET), a technique of imaging brain metabolism, is helping scientists identify the similarities and differences between Alzheimer disease and other dementing neurological disorders. PET studies conducted at the University of California in Los Angeles and the University of Michigan in Ann Arbor by NINCDS grantee Dr. David Kuhl show that the abnormal metabolic patterns in the brains of patients with Alzheimer disease is remarkably similar to the metabolic patterns seen in patients with Parkinsonian dementia. Additional research may show that a similar mechanism causes the cognitive decline in both disorders.

Dr. Kuhl also reported that the PET scans of patients with multi-infarct dementia (dementia caused by many small strokes) show abnormalities over a wider area of the brain than do the PET scans of Alzheimer patients. This finding may help physicians develop diagnostic guidelines to better distinguish between these two types of dementia.

This year, NINCDS/NIA grantees Dr. Marek-Marsel Mesulam at Beth Israel Hospital in Boston, Massachusetts, and Dr. Martin Reivich at the University of Pennsylvania in Philadelphia further defined a new disorder that is similar to Alzheimer disease but less debilitating. The new disorder is known as slowly progressive aphasia without generalized dementia and involves a gradual loss of language function over time but no loss of memory or aberrant social behavior.

The investigators found that the PET scans of people with slowly progressive aphasia differed markedly from those of Alzheimer patients. In patients with the newly identified disease, metabolism was reduced in the language area of the left hemisphere; patients with Alzheimer disease had relatively more global abnormalities. The application of this finding may help in the recognition of new dementing disorders of later life than may have a different cause of prognosis from Alzheimer disease, and perhaps may eventually lead to the development of distinct approaches to prevention and treatment.

9. Research on Alzheimer Disease Supported by the National Institute of Allergy and Infectious Diseases

Scientists have observed that physical abnormailities in the brain that are either caused by, or a result of, Alzheimer disease are similar to those of scrapie, a disease which is the focus of several studies supported by the National Institute of Allergy and Infectous Diseases (NIAID). Both scrapies and Alzheimer disease are characterized by the appearance of porous or sponge-like areas in the brain. Autopsies reveal large fibrous structures and neurologic plaques whose cause is unknown. Because of these similarities, and also because Alzheimer disease does not occur in animals, scrapie may make a good research model to learn about human dementias.

A Possible Model for Alzheimer Disease

NIAID intramural scientists Drs. Bruce Chesebro, Richard Race, Jerry Keith, and Camille Locht are currently studying the prion protein referred to the NINCDS section of this report. The scientists hope to determine this protein's relationship to the infectivity of scrapie. This past year, Dr. Chesebro and his colleauges determined the complete genetic sequence for the gene coding for the prion protein made in mice. The mouse prion gene was found to be very similar to the corresponding gene in hamsters.

To facilitate studies of scrapie, Dr. Race and his colleagues adapted the scrapie agent isolated from infectious animals so that it will grow in test tubes for more efficient and detailed study. The scientists successfully grew the scrapie agent in cell cultures of mouse origin. These cultures were rigorously tested to be sure that the infectious agent was indeed present and active. The researchers found that at the end of testing, the cells were still infectious but that the prion protein itself could not be isolated. The scientists further noted that infection was species specific; mouse scrapie agent grew in mouse-derived cells, while the hamster scrapie agent did not.

To study the infectious agent, Dr. Race and his associates now hope to increase the amount of agent that will infect each cell as well as to increase the number of infected cells in each cell culture.

By elucidating the genetic structure of the scrapie agent, as well as improving the model in which it can be studied, this research is providing information about an animal condition similar to the human dementia called Creutzfeldt-Jakob disease, which may ultimately help in the understanding of Alzheimer disease.

10. Conclusion

During the coming year, research on Alzheimer disease will continue to develop in each of a number of scientific areas as we look for answers as to the prevalence, incidence, cause, course, treatment, management, cure, and possible prevention of Alzheimer disease.

Studies on the prevalence of Alzheimer disease will investigate the fascinating suggestion, that, compared to Americans, only one-third as many Japanese have Alzheimer disease. to do this, NIA scientists hope to work with Japanese investigators to examine data from studies in the United States and Japan and to initiate a new study of Japanese-Americans in Hawaii.

Work will begin to develop national registries of Alzheimer patients. In September 1986, the NIA awarded funds to six grantees who we hope will determine the best ways to diagnose and follow the course of peoples with Alzheimer disease, and thus develop a better idea of the extent of this public health problem.

We will also continue to fund research on what causes the disease and on risk factors that might be modified. Some of this research will be supported through the NIA's Alzheimer Disease Research Center program which currently supports 10 specialized centers across the country. And, we will continue to look at the social aspects of the disease, our goal being to provide useful information for relatives, friends, health professionals, and all those who care for Alzheimer patients.

In the area of health education, we will begin work to establish a national Alzheimer Disease Education Center. The goal of this project is to launch a coordinated effort to provide accurate, timely information on the disease, its consequences, potential treatments, new research, and available services to the million who touched by this disease.

All of our efforts are aimed to better care for the 2.5 to 3 million Americans who suffer from Alzheimer disease and the millions more face the possiblity of developing this disease in the future.

B. UNDERSTANDING AGING

1. Molecular Genetics in Aging Research

Powerful molecular genetic techniques are now being used by NIA-supported scientists to investigate mechanisms of aging and the genetic basis for differences in aging. Strains of various organisms with altered lifespans have been isolated, and studies are under way to determine the number and nature of genes responsible for observed differences. These genes may control either regulatory functions or enzymes which directly affect the rate of onset of aging, and it will be important to identify both kinds of genes.

Recombinant DNA techniques are also used to study changes in gene structure and gene action with age in order to identify causal relationships between aging and cellular metabolism.

Molecular genetics provides an opportunity to isolate and identify genes responsible for the onset of age-related diseases, such as familial Alzheimer disease. The demonstration of a familial form of this disease now makes credible the isolation of one or more Alzheimer disease genes, using DNA probes already isolated from specific regions of human chromosomes. Once a gene has been isolated it will be possible to determine the product of that gene, develop a better understanding of the cause of the disease, and possibly formulate an effective treatment.

The NIA's intramural Laboratory of Molecular Genetics (LMG) is investigating the molecular basis for aging and age-dependent diseases including the decline in immune function that occurs with human aging. Investigators are looking specifically at the expression of the interleukin II gene. Interleukin II stimulates the clonal expansion of lymphocytes. Studies at the NIA's GRC confirm that the production of interleukin II declines in lymphocytes from older human volunteers and attempts are being made to discern the molecular basis for this decline. Results may yield opportunities to slow down the immune decline with aging and help augment the response of older adults to infections. Other planned projects include an in vitro examination of the relation between aging and cancer development, an investigation of the effect of aging on gene expression in rat pituitary gonadotrophs, and a study of DNA repair in the isolated cell.

In an NIA-supported study, Dr. Thomas E. Johnson and colleagues of the University of California at Irvine have crossed two strains of *Caenorhabditis elegans* (worms) with different lifespans. Specially developed lines derived from these crosses have mean lifespans varying from 10 days to 31 days, confirming that in this organism lifespan is to some degree—possibly up to 40 percent—under genetic control. Continuing experiments by these investigators will focus on relating specific physiological characteristics to variations in lifespan.

Studies conducted by other NIA-supported grantees indicate that changes in gene action do occur with aging, but the question remains as to what change occur and why. To study the regulation of gene action during development in fruit flies, the genes for a number of enzymes are being cloned by Dr. Ross J. MacIntyre and colleagues at Cornell University in Ithaca, New York. Several mutants have been created using small, highly mobile segments of DNA, called P-factors. Because P-factors often insert themselves into the regions of genes responsible for regulating expression of the gene, their locations may provide important clues about the processes involved in turning genes on and off during aging.

2. Demographic and Epidemiologic Studies of the Oldest Old

The elderly population is aging. The oldest old (those 85 and over) are the fastest growing segment of the population; by one estimate they will constitute 5.2 percent of the population by the year 2050. The decline in mortality at extreme ages partially accounts for this very rapid growth of the oldest old. Despite their heavy burden of morbidity, including high level of cognitive impairment, and high use of services, little is known about their physical and cognitive functioning, co-morbidity, and pathways to dependency, and whether the burden of morbidity will expand or contract. Progress in this area had been slow until the development of the NIA's Oldest Old initiative and 1984 Program Announcement.

Through interagency agreements with the Bureau of the Census and the National Center for Health Statistics (NCHS), the NIA has helped to stimulate scientific efforts and to improve the availability of national data on the 85 plus. The Bureau of the Census is preparing special tabulations on the 1980 Census, investigating the quality of the 1980 Census data on the very old, and developing an international data base on aging. The NCHS is preparing a special historically organized data file for the analysis of trends, and is also conducting the Longitudinal Study of Aging that will provide important information on the transitions between independence and dependence for the very old.

Extramurally funded researchers are currently conducting studies of multiple causes of death, trends in morbidity, demography, and the rapidly changing composition of the oldest old. In March 1986, following a workshop on the Methodologies of Forecasting Life and Active Life Expectancy (the period of life an average individual can expect to remain independent and functioning without assistance), a request for applications was issued soliciting research projects on the development of models for forecasting life expectancy and assessment of competing causes of mortality and morbidity.

3. Baltimore Longitudinal Study of Aging

The Baltimore Longitudinal Study of Aging (BLSA), conducted by the NIA intramural research program, is a unique resource to study the processes of human aging. The study population is a group of community-dwelling volunteers ranging from 20 to 95 years of age. Currently, there are 600 male and 346 female active participants. The subjects, who are enrolled for their lifetimes, return to Baltimore every 2 years for re-evaluation. The male study is now in its 29th year and the study in women is in its 9th year.

BLSA participants are intensively studied for physiological and behavorial changes; patterns of age changes are identified; mechanisms underlying the changes are elucidated; disease-aging interactions are evaluated; and normative standards as influenced by age are defined. Researchers now emphasize the need to consider the interacting influences of biological processes, personality and behavioral factors, social and environmental forces, and the idiosyncratic health behaviors and stresses of the individual.

Planned or recently begun BLSA collaborative studies include an autopsy program; introduction of an oral physiological component with the National Institute of Dental Research; neurological assessment of mental status and physical movements; and a study to identify individual differences in reactivity to drugs. Other studies will focus on osteoarthritis and the relation between physical activity and cardiovascular status.

A longstanding BLSA recruitment goal has been to increase the number of women to equal the size of the male sample. Accelerated recruitment would facilitate the search for new precursors or risk factors in women and lay the basis for insights into the still unexplained sex differences in disease development and longevity.

New information about the effect of age on cardiac function during rest and exercise has come from BLSA investigations. After excluding subjects with occult coronary disease, scientists have found very little if any age-associated decline in cardiac output—the quantity of blood that flows from the heart each minute—but the results point to age-specific mechanisms by which the heart adapts to increased workloads. The screening techniques used for this study to detect asymptomatic coronary disease—thallium scanning and electrocardiogram (ECG) monitoring during exercise—show considerable promise as predictors of the likelihood of future coronary events, such as a myocardial infarction or angina. Further research is needed both to identify the mechanisms underlying the aging heart's adaptive processes and to confirm the predictive utility of these techniques. The results thus far indicate that in many people in their 70's and 80's cardiac function is and will be maintained at high levels.

C. HIP FRACTURES, OSTEOPOROSIS, FALLS, AND GAIT DISTURBANCES

Hip fractures in older people are a major cause of mortality, morbidity, and health costs in this country. It has been found that 84 percent of the more than 200,000 hip fractures that occur in the United States each year are in persons over age 65. Approximately one in five hip fracture patients dies of complications attributable to the fracture. Of those surviving 1 year, about 25 percent do not regain independent ambulation. The annual cost of hip fractures has been estimated at $7 billion which includes hospital, surgical and physicians' fees, drugs, home health care, and long-term nursing home and rehabilitation costs.

Studies show that older people who fall are more likely to have a compromised balance response than their nonfalling counterparts. In late 1985, the NIA announced the availability of $1.25 million for the study of neurologic, cardiovascular, muscular, and perceptual aspects of falls and gait disorders. We need to determine the underlying causes of disturbances in gait and balance in older people that predispose them to falls, and thus to hip fractures. Preliminary findings indicate that many older people may be prone to falls due to specific neuromuscular deficits that are potentially correctable.

Osteoporosis is a degenerative bone disease which is directly related to fractures and loss of mobility in older people. The disease affects more than 20 million people in the United States and is a major risk factor for hip fracture. In cooperation with the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the NIA sponsored a workshop on osteoporosis to identify important research questions. The two Institutes will issue a joint announcement in late 1986 for Programs of Excellence for Research on Osteoporosis, soliciting projects of basic, clinical, epidemiological, or animal model investigations on osteoporosis.

Two independent studies of perimenopausal and early postmenopausal women suggest that bone loss, at least from the spine, may begin even before menses have ceased, possibly as early as age 35. Additional studies are required to understand the mechanism of action of estrogen therapy and whether it should be recommended for patients with osteoporosis or at high risk of developing the disease. In order to evaluate more conclusively the benefits and risks of estrogen therapy, particularly the risk of cardiovascular disease, in postmenopausal women, the NIA along with four other Institutes (NHLBI, NIAMSD, NCI, NICHD) are collaborating in developing plans for a major clinical trial.

Screening Tool for Identifying Nursing Home Residents Prone to Falls

In a study of falls and fall injuries in nursing home residents, NIA grantees Professors Susan Baker and Ann Myers at The Johns Hopkins University in Baltimore found that while 70 percent of the falls in their study group caused no injury, the other 30 percent resulted in injuries ranging from fractures (2.4 percent) to sprains, bruises, and cuts. Sixty-four percent of the falls occurred during daytime hours, 20 percent were seen by another person, and the rate of hip fractures was 1.5 percent—with women three times as likely as men to fracture a hip after a fall.

The rate of falls among elderly nursing home residents is high. In the Baker and Myers study, over a period of 1 year the average resident fell two times. Thus, one purpose of this 3-year investigation was to develop a screening tool for use by nursing home staff to identify characteristics of people who tend to be at high risk of falling. Identification of these patients can be an important aid for preventing falls in the future because common factors are found to be involved in the falls of older persons (for example, environmental obstacles, the influence of medications, and medical diagnosis). A more careful surveillance of these factors among high risk patients could help prevent many accidents or at least reduce injuries.

In the final phase of this nursing home study, the investigators will test this screening tool at selected residential institutions.

D. STRATEGIES FOR PROMOTING HEALTH AND EFFECTIVE FUNCTIONING IN OLDER PEOPLE

1. Health Attitudes and Health Behaviors

Over half of the deaths in the United States are traceable to lifestyle and behavior. The NIA is concerned with research on everyday perceptions and the resulting frequent neglect of older people's symptoms, on self-care behavior, on the pertinence of familiar risk factors to morbidity and mortality in the later years of life, and on the benefits of modifying health behaviors even at advanced ages. A program announcement was issued on Health Behaviors and Aging: Behavioral Geriatrics Research, which emphasizes the epidemiological linkages between social and behavioral risk factors and health outcomes, perceptions of and coping with aging and illness, and biopsychological linkages between health and behavior.

Early findings indicate that, compared with young people, older people, as well as their physicians, are more likely to accept and "live with" symptoms rather than to make efforts to diagnose, control, or alleviate them. Urinary incontinence goes widely untreated because it is mistakenly assumed to be an inevitable consequence of aging. Analysis of the Alameda County, California, studies demonstrates that recommended health practices and lifestyle factors continue at older ages to be associated with decreased risks of mortality.

Further studies, longitudinal in nature and broadly representative, are needed to determine more explicitly the relation of psychological and social stresses and supports to health behaviors in older people, the lifetime development of adaptive responses, patterns of risk-taking behavior, and the reactions of older people to illness (including minimization of the significance of symptoms, delay in seeking medical care, and failure to comply with treatment and rehabilitation regimens). Gender differences in these variables and their outcomes must also be examined to help explain why women, though they tend to outlive men, evidence higher levels of morbidity.

2. Nutrition

The goals of the NIA's nutrition program are to define the nutritional requirements for good health in older people; to determine if dietary deficiencies are associated with depressed immunocompetence, depressed cognitive function, deteriorated senses of taste and smell, or overt metabolic disease; and to understand how and why eating behaviors change with aging. NIA is preparing to solicit applications for Special Emphasis Research Career Awards for training and research support of studies of nutritional and metabolic factors in aging. In addition, NIA serves as the lead in a seven-institute collaborative follow-up survey of the National Health and Nutrition Examination Survey I, which provides crucial information concerning the relationship between patterns of health and disease and specific nutritional status.

BLSA subjects are being examined for changes in bone density, body composition, plasma lipids, nutrient intake, and the control of blood sugar by insulin and other hormones. A previous study of dietary intake of male participants over three consecutive 5-year intervals provides the largest experience on nutritional practices across the adult age span.

Analyses of BLSA data suggest that the relative importance of the fat distribution pattern and total body fat as predictors of coronary risk factors varies with age. In middle-aged and old BLSA men, fat distribution pattern was a better predictor of certain coronary risk factors (serum cholesterol, triglyceride concentration, and oral glucose tolerance) than was total body fat. Blood pressure level, on the other hand, was related more strongly to body weight than to the fat distribution pattern in these age groups. In very old men (over age 75), neither body fat nor its distribution is predictive of these risk factors. Future plans are to extend this work to include women, mortality, and the incidence of specific age-related diseases. Data show that the weights (adjusted for height) associated with minimum mortality increase with age; an age-specific height-weight table has been constructed based upon these observations. This analysis is being extended to include morbidity as well as total mortality.

3. Exercise

Research in exercise physiology is designed to assess the effects of both short- and long-term physical activity on the promotion of health (which includes the concept of rehabilitation) and on the prevention of premature physical decline and disease in older people. Of particular interest are adaptational responses of the nervous system, skeletal muscle, connective tissue, heart, blood and vasculature, and respiratory system. Approaches to exercise physiology range from studies of cell biology to studies of the whole organism, including not only classical in vivo research, but also psychosocial studies of lifestyles and motivators fostering exercise, as well as epidemiologic studies.

In 1985, the NIA issued a program announcement on the need for research in exercise physiology and exercise medicine as related to aging processes and age-related diseases and disorders. Does regular physical activity reduce the extent of or prevent age-related diseases and disorders? What criteria should be used to recommend exercise programs for healthy older people and for older people affected by various diseases? Studies in highly conditioned seniors show reduced metabolic risk factors for atherosclerosis and heightened cardiovascular function compared to their sedentary peers. Research is needed to determine whether these changes are due to physical conditioning, lifestyle changes, or genetic factors.

Studies show that, compared with young athletes, older athletes experienced only a moderate reduction in maximal aerobic exercise capacity. This was not the result of a reduction in either the maximal volume of blood pumped per heart beat (stroke volume) or the ability of tissue to utilize oxygen, but rather was primarily a function of the relatively small reduction in maximal heart rate which is a well-known aging phenomenon. This implies that regular participation in exercise programs prevents to a large extent the fall-off in physical working capacity that is commonly observed in sedentary older persons. Complementary to this, other studies demonstrate that previously inactive men and women with an average age of about 65 years who for several previous years were inactive, improved their capacity for doing physical work in response to a long-term program of moderate-intensity physical training. This change was the result of favorable cardiovascular, pulmonary, and metabolic adaptations in combination that appear still possible in the later years.

Exercise and Bone Mineral Content of the Spine

An exercise regimen that includes combinations of walking, jogging, bicycling, weightlifting, and other weight-bearing exercises increases the bone mineral content of the spine in postmenopausal women. This finding comes from a study being supported by the NIA and is the first report showing the positive effects of exercise on bones in the spine. It adds important new information to the body of knowledge about preventing bone loss in women.

Dr. Gail M. Dalsky and colleagues at the Washington University School of Medicine in St. Louis studied women between the ages of 55 and 70 and compared a sedentary control group to an exercise group which met 3 days each week for 40 weeks. The exercise participants gradually built up to 1½-hour sessions of weight-bearing exercises—50 to 60 minutes of walking, jogging, treadmill walking, and stair climbing followed by 20 minutes of bicycling, rowing, and weightlifting.

The investigators measured the bone mass of the spine in the lower back initially and at the end of a 40-week period using dual photon absorptiometry, an innovative low-risk diagnostic procedure. Although there were no significant differences between the two groups in initial bone denisity, mean age, height, weight, estrogen use, or calcium intake, the exercise group realized an increase in bone density of 5 percent per year while the sedentary control group experienced a decrease of 1 percent.

The completed study measured bone mass of the lumbar spine (the spine in the lower back), one of the areas where veterbral fractures are most likely to occur. These fractures can cause pain and disfigurement. A continuing study will determine whether physical activity will increase bone density in the femur, the bone of main concern in hip fractures.

4. Minority Health

There has been tremendous progress in improving the health of the American population in general, but progress in improving the health and longevity of ethnic minorities has been less dramatic. There is a lack of scientific expertise focused on minority aging and an absence of broad interdisciplinary programs of research to provide this knowledge. In the spring of 1986, the NIA announced a program aimed at increasing the research support for studies in the field of minority health and aging. The program announcement calls for planning and preliminary research leading to large scale research projects on minority aging.

In general, life expectancy, health status, and environmental influences are less favorable for non-white and ethnic minorities than for whites. The extent of the impact of the cultural changes on the lives of minorities has changed the baseline data on these groups. The impact of these changes on aging, as well as on social and environmental strain and adaptation, needs to be understood. The family structure, social networks, and problems associated with life transitions and their impact on aging of minorities need further research.

In September 1986, the NIA sponsored a Conference on Research on Aging Black Populations. The purpose of this conference was to initiate a dialogue between NIA and black researchers studying the black population; to further communications and networking between these researchers; and to focus attention on the need for additional research in minority aging.

5. Sleep Disorders

Each day, the body's internal clock—which runs on a cycle of about 25 hours—is reset to fit the 24-hour cycle of the calendar day. Located in the brain's hypothalamus, this internal clock, or circadian pacemaker, controls when we sleep and when we wake, as well as a variety of other bodily activities which influence the way we think, feel, and function.

Recently, Dr. Charles A. Czeisler, an NIA-supported scientist at Brigham and Women's Hospital in Boston, Massachusetts, has demonstrated that bright light can set or reset the body's biological clock, and may be used to help people suffering from fatigue associated with jet lag, rotating-shift work, and some forms of insomnia.

The investigators selected a 66-year-old woman to serve as a control case. The woman's sleep patterns were normal, but her daily shifts in body temperature and other bodily functions were out of sync. For 69 days, she lived in a laboratory environment void of all external time cues. She ate meals at her routine times, went to bed and got up according to her standard schedules, and enjoyed normal social interactions with the laboratory staff. The only difference was that for 1 week she spent from 8 p.m. until midnight in front of a bank of specially designed fluorescent lamps with an intensity 48 times greater than ordinary room light, or comparable to sunlight just after dawn.

Within 2 days after she was exposed to the lights, her biological clock had shifted 6 hours without interrupting her sleep. The investigators concluded this by recording shifts in her body temperature and hormone levels over a 24-hour period, along with other proven indicators of circadian rhythms.

That speed with which this subject responded to the therapy—and the fact that the treatment worked without disrupting her normal sleep—has led to plans to expand this research effort.

6. Viral Gastroenteritis: Frequency, Cause, and Method of Spread

Acute gastroenteritis with symptoms of nausea, vomiting, and diarrhea is second only to respiratory infections as the cause of illness in the United States. The frequency of acute gastroenteritis in the elderly has led NIA grantee Dr. John J. Treanor and his colleagues at the University of Rochester in New York to set up a surveillance system at Monroe Community Hospital and nursing homes in the Rochester area to determine the frequency, cause, and distribution of this condition in institutionalized elderly. These infections appear to be especially common among those who live under relatively crowded conditions with shared dining and bathroom facilities.

Enrolled in the study being conducted by Dr. Treanor are approximately 200 people from nursing homes in the Rochester area. Medical histories of these individuals have been recorded, and the investigators are carefully classifying samples of stools and blood from both healthy and diseased persons. Doctors examine patients with gastroenteritis and analyze samples of blood and stools daily. Clinical and epidemiologic investigations were also conducted when two large outbreaks of gastroenteritis occurred at institutions not participating in the original study.

Diagnosis tests have identified two groups of viruses, the rotaviruses and the Norwalk-like agents (including the Snow Mountain agent), that are responsible for a significant number of cases of acute gastroenteritis. Of the four outbreaks investigatd in the Rochester area, the Norwalk-like agents were implicated in at least two.

In a laboratory study with Dr. Paul Madore, Dr. Treanor successfully developed the first reported monoclonal antibody to one of the Norwalk-like agents, the Snow Mountain agent. (Antibodies are proteins that neutralize foreign substances in the body, such as viruses, and thus render the body safe from attack by these substances. Monoclonal antibodies refer to antibodies derived from a single cell.) Work to develop a test for diagnosing infection with the Norwalk-like agents continues, and, since vaccination has been recognized as a valuable tool for preventing infection in the elderly, a rotavirus vaccine is also under development.

These studies by Dr. Treanor and his associates are improving our understanding of the role of viruses in gastroenteritis in the elderly. One of the main goals of the present study will be to determine the factors responsible for the illness and the methods of transmitting the infection. This information may one day be used to devise effective methods of control.

7. Diabetes in the Elderly

Diabetes mellitus, especially non-insulin-dependent diabetes (type II), is one of the most frequently occurring disorders associated with old age. The NIA conducts and supports research on the physiological mechanisms involved in diabetes in old age, on improved diagnosis in this age group, and on the psychosocial impact of diabetes on elderly patients and their families.

Important new research by NIA grantee Dr. Helen Viassara of Rockefeller University in New York on the binding of plasma glucose to proteins and to low-density lipoproteins, the major and damaging form of cholesterol, has revealed much about the higher incidence among diabetics of atherosclerosis (the accumulation of fat deposits on the artery walls which can lead to blood clots, triggering a heart attack or stroke). Findings on this protein binding suggest that this process could play an important role in age-related physiologic and pathologic changes.

The relationship between aging and glucose tolerance (the ability of the body to metabolize glucose, or sugar) continues to be a research priority for the NIA. Intramural scientists at the Gerontology Research Center (GRC) in Baltimore, Maryland, have previously determined that glucose tolerance declines somewhat in healthy older individuals. This finding suggests that glucose intolerance in older people does not necessarily indicate the presence of disease, but may reflect a normal metabolic change. The Institute grants funds to extramural investigators studying this and other phenomena concerning diabetes, and NIA Intramural scientists at the GRC continue to assess and distinguish normal aging-related changes in glucose tolerance from metabolic changes that may indicate diabetes.

8. Arthritis in the Elderly

Most adults over age 60 have some degree of osteoarthritis (OA), a degenerative joint disease that produces stiffness and pain in the fingers and in weight-bearing joints (knees, hips, and the spine). OA often seriously hinders the ability of individuals to function in their daily activities.

Although the precise cause of OA is unknown, research in recent years has clarified a nuber of mechanisms underlying the disease. A major area of focus for investigators is on better understanding why cartilage, (the white connective tissue found between joint surfaces) in persons with severe symptoms of OA differs from cartilage in normal persons.

The NIA is supporting a number of projects related to this area of investigation. Dr.William Horton at the University of Texas in Houston is studying factors responsible for the imbalance between cartilage destruction and repair seen in OA by examining cartilage from patients with various chondrodystrophies (a group of rare, inherited disorders in cartilage characterized by dwarfism and the tendency to develop OA).

Dr. Maurizio Pacifici at the University of Pennsylvania in Philadelphia is studying cartilage cells in tissue culture and in experimental animals to clarify the mechanisms by which the structure and composition of certain types of cartilage cells are altered during aging. These structural modifications are believed to result in cartilage degeneration.

Two NIA grantees are examining differences in cartilage proteoglycans (a protein that occurs in the cells of connective tissue). Dr. Eugene Thonar at Rush Presbyterian-St. Luke's Medical Center in Chicago is trying to determine whether proteoglycans change over time or if new types of proteogylcans are synthesized which cause cartilage degeneration in OA. And Dr. Charles Malemud at Case Western Reserve University in Cleveland, Ohio is comparing cartilage from persons with OA and cartilage from normal persons of the same age to detemrine the precise relationship between the aging of articular (joint) cartilage and the development of OA in the major joints.

9. Hypertension in the Elderly

Approximately 50 percent of older black Americans and 40 percent of older white Americans have some form of hypertension (high blood pressure). In older age groups cardiovascular disease is still the leading cause of death. Elderly people who have high blood pressure have an increased chance of having a stroke or heart attack. In view of the anticipated increase in the number of older people in this country, the NIA supports a number of studies aimed at reducing the incidence of this disorder and at creating better treatments for those with hypertension.

The pilot Systolic Hypertension in the Elderly Program (SHEP), which was funded by NIA and NHLBI, has been completed. Some of the preliminary results show that the elderly are good study subjects and comply with the treatment regimens. Medications given to the patients were effective in lowering systolic blood pressure. In fact, the blood pressure of older persons was comparable to that of a group of middle-aged patients who received larger doses of the same anti-hypertensive medication, chlorthalidone, during another study. The elderly also experienced fewer side effects than the middle-aged subjects.

The pilot SHEP consisted of 540 subjects over the age of 60. The second phase of the program, "Big SHEP," includes 5,000 patients to be studied over a 5-year period. One of the goals of the program is to determine the effects of treatment on patients with dementia, particularly Alzheimer disease and multi-infarct dementia. It is theorized that the incidence of multi-infarct dementia, which accounts for 25 to 30 percent of all dementias, may be reduced by effectively treating high blood pressure. Big SHEP is also being funded by NIA and NHLBI.

E. TRAINING AND CAREER DEVELOPMENT IN GERIATRICS AND AGING RESEARCH

The NIA supports a variety of training opportunities to help individuals prepare for or advance their careers in research and teaching in geriatrics and in biomedical, clinical, behavioral, and social science fields. In response to a 1984 congressional mandate requesting a DHHS plan of action to improve and expand training in geriatrics and aging research, a PHS-wide task force under the chairmanship of the NIA Director, prepared the "Report on Education and Training in Geriatrics and Gerontology" documenting the need for many more investigators and teachers. The plan calls for a doubling to tripling of yearly numbers of postdoctoral fellows and trainees in order to reach minimally adequate numbers of faculty in the Nation's medical, professional, and other graduate schools by the year 2000.

The NIA has designed several new mechanisms to help meet this challenge. The Geriatric Leadership Academic Award is designed to develop leadership and research and training activities in geriatrics at health centers and other health professional schools by supporting midlevel or senior faculty as academic leaders and program coordinators. The Complementary Training Award for Research on Aging permits strong, well-established research training programs in scientific fields relevant to aging to extend their efforts to individuals who are interested in careers in aging research. The Co-Funded Institutional National Research Service Award support aging-related training positions on intitutional training grants awarded by other NIH Institutes.

Since its establishment, the NIA intramural research program at the GRC has trained almost 400 individuals and is probably the world's major setting for postdoctoral training of promising young investigators (both M.D.'s and Ph.D.'s) for research careers in biomedical and behavioral sciences related to aging research and geriatrics.

Other NIA research and training efforts deserving special mention are the Special Emphasis Research Career Awards (SERCA) and the Teaching Nursing Home (TNH) Award. The SERCA supports scientists seeking careers in the study of nutritional and metabolic factors in aging and the study of behavioral geriatrics. The THN supports research on clinical problems in nursing homes and other sites of long-term care for elderly.

F. OTHER RESEARCH ON AGING SUPPORTED AND CONDUCTED BY THE NIH

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

Older people are increasingly susceptible to disorders of the nervous system. These conditions are included among the research topics of concern to the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS). NINCDS programs include research on Parkinson's disease, Alzheimer disease, stroke, and speech and hearing impairments in the elderly.

Parkinson's Disease

Nearly half a million people in the United States, most of whom are over 60 years of age, suffer from Parkinson's disease. Parkinson's patients expericence a gradual loss of movement and may shake uncontrollably, making it difficult for them to perform simple tasks such as holding a fork or getting up from a chair.

To learn more about the cause of these symptoms and the changes that occur in the brains of patients with parkinsonism, scientists have sought an animal model of the disease. Recently, scientists have discovered that MPTP, a chemical formed during the synthesis of certain drugs, produces symptoms of parkinsonism in animals and humans.

Neuroscientist Dr. Mahlon DeLong, and NINCDS grantee at The Johns Hopkins University in Baltimore, Maryland, is involved in MPTP research. His recordings of nerve cell activity in the brains of rehesus monkeys given MPTP revealed an increased neural activity in the basal ganglia, the part of the brain affected in Parkinson's disease. This increase appears to be triggered by a deficiency of dopamine, a normal brain substance lacking in Parkinson's disease patients. Previously, scientists suspected that the lack of movement characteristic of parkinsonism was evidence of *decreased* nerve cell activity. But it now appears that loss of dopamine makes the nerve cells overract to stimulation. With this improved understanding, scientists may be able to devise new drugs that decrease cellular activity in the basal ganglia.

Using MPTP, NINCDS intramural scientist Dr. Irwin Kopin and his colleagues this year developed an animal model for hemiparkinsonism, a variant of Parkinson's disease in which only one side of the brain is damaged and only one side of the body is affected. The advantage of the hemiparkinsonian model is that the healthy side of the brain enables the animal to care for and feed itself—behaviors that are lost in the standard parkinsonian animal model. The healthy half of the brain can also service as a control in studies that evaluate MPTP damage.

The NINCDS scientists infused MPTP into the right internal carotid artery of rhesus monkeys. The result was tremor, slowed movements, and rigidity on the left side of the body and a spontaneous turning toward the right side. After treatment with levodopa, a chemical that is converted to dopamine in the body, and apomorphine, a drug that mimics the action of levodopa, the animals turned toward the left, the direction of the intact side of the brain. Scientists believe this reversal results when extrasensitive receptors on the damaged side of the brain are so stimulated by drugs to replace dopamine that they propel the animal toward the opposite or healthy side of the brain.

The scientist also implanted dopamine-containing cells from the monkey fetal brain and from the adult adrenal medulla gland into the brains of monkeys given MPTP. When these animals were given apomorphine, reversal of the turning was significantly decreased—an indication that the implants had decreased the supersensitivity of the dopamine receptors. Reversal of turning direction in hemiparkinsonian animals is thus a useful way to gauge the effectiveness of implants and drugs that increase the brain's dopamine levels.

Recently, a chemical variant of MPTP was discovered by NINCDS grantee Dr. Richard Heikkila and his associates at the Rutgers Medical School in Piscataway, New Jersey. This analog more selectively distroys the areas of the brain involved in Parkinson's disease, and may produce a better model than MPTP for future studies.

Many scientists believe that implanting dopamine-containing cells into the brains of Parkinson's disease patients may one day provide to be an alternative treatment to oral medication. Symptoms of parkinsonism have been reduced in rats following implants of cells obtained from fetal rate brains. Searching for a more readily available source of cells, NINCDS grantee Dr. Barry Hoffer at the University of Colorado in Denver this year reported similar success using implants of dopamine-containing cells from the adult rat adrenal glands. These cells were implanted in rats in which the brain areas affected by Parkinson's disease had been selectively destroyed. Nerve growth factor, a protein that helps nerve cells make connections, was added to the newly implanted site. The adult rats showed a 60 percent restoration of function.

In another facet of this study, Dr. Hoffer developed a relatively harmless technique to measure dopamine levels in the live animal's brain after implantation of dopamine-containing cells. In the past, these measurements could only be performed at autopsy. Dr. Hoffer's technique consists of miniaturized electrode coated with a substance that detects the levels of dopamine and two other brain chemicals. Now scientists will be able to determine dopamine levels without sacrificing experimental animals.

Treatment with the drug levodopa has reduced the symptoms of most parkinsonian patients, enabling them to remain independent longer. But after several years of taking levodopa, many patients experience side effects such as an "on-off" reaction in which they alternate between uncontrolled movement and lack of movement. Other patients develop a "wearing-off" response in which parkinsonian symptoms return soon after taking levodopa orally.

NINCDS intramural scientist Dr. Thomas Chase studied the effectiveness of intravenous levodopa administered through a portable pump in relieving much of the "on-off" reaction and virtually all of the "wearing-off" responses to oral medication.

Some relief and no major side effects were experienced by all of the patients who received constant drug infusion.

THE AGING COMMUNICATION SYSTEM

Scientists are finding that as people age they experience a subtle erosion of the auditory and vocal systems. An older person's ability to distinguish between sounds and interpret speech may be reduced. Changes in the vocal system can interfere with effective speech, and laryngeal disorders such as vocal fold nodules, polyps, and cancer of the larynx can affect communication skills. Stroke and degenerative neurological disorders such as Parkinson's disease, Huntington's disease, and amyotrophic lateral sclerosis further degrade the elderly person's ability to swallow and speak.

Investigators supported by NINCDS are studying swallowing and laryngeal disorders in the aging. They are also investigating how the aging brain processes speech sounds and the circumstances in which the elderly find it hard to understand speech.

A large percentage of older people complain that they have trouble hearing conversation in noisy situations. Yet when their hearing is tested in a physician's quiet office, they score 100 percent. NINCDS grantee Dr. Judy Dubno at the University of California in Los Angeles confirmed that older people with normal hearing can have a real problem in everyday situations. Four groups (young with normal hearing, young with hearing loss, old with normal hearing and old with hearing loss) were tested on their ability to understand sentences in a noisy setting. Older people with normal hearing were less able than either of the younger groups to understand the sentences. The problem was accentuated for older people with proven hearing impairment. This study indicates that the aging process causes subtle changes in the auditory system that affect speech perception. Dr. Dubno is now trying to identify those changes to provide a basis for development of a therapeutic device.

Dr. Michael Dorman, an NINCDS grantee at Arizona State University in Tempe, found that the hearing-impaired elderly have difficulty processing changes in the frequency or pitch of speech sounds. An elderly person who cannot distinguish between the high frequency of *s* and the low frequency of *sh* will find it hard to differentiate between "*s*ew" and "*sh*ow." Dr. Dorman is now trying to develop a prosthetic device to help compensate for this problem.

NINCDS grantee Dr. JoAnn Robins at the University of Wisconsin in Madison is studying the specific changes in the brain that cause swallowing difficulties in people with stroke or neurological disease. Using computed tomography, Dr. Robins found that swallowing problems can be caused by lesions (areas of destroyed cell tissue) in any part of one side of the brain. Previously it was thought that only lesions on both sides of the brain resulted in swallowing problems. This research proves that swallowing difficulties resulting from neurological diseases or injuries are more common than previously believed.

A computerized method of processing speech signals was evaluated this year by NINCDS grantee Dr. Robert Hillman of Boston University in Massachusetts. The method, which relies on a digital sound processing system for analyzing voice production and air flow, was found to be useful for detecting early signs of laryngeal disorders common in the elderly, including vocal polyps and cancer of laryn.

Changes in respiratory function affect the voice and contribute to communication problems of the elderly. NINCDS grantee Dr. Thomas Hixon of the University of Arizona in Tucson is examining how respiratory control changes with aging. Dr. Linda Forner, an NINCDS grantee at the University of Cincinnati in Ohio, is studying the level of respiratory function necessary to support normal voice production. These scientists hope to improve our understanding of reduced voice control in the aging population.

DIVISION OF RESEARCH RESOURCES

Two dietary supplements—potassium citrate and calcium citrate—may prevent or lessen the severity of kidney stone occurrence in some patients and may also prove useful as a supplement for elderly patients at risk of developing osteoporosis—a disease characterized by bone loss and a high incidence of fractures.

Citrates are well-known inhibitors of "stone-forming" calcium salts, calcium oxalate and calcium phosphate, according to Dr. Charles Y. C. Pak, program director of the DRR-supported General Clinical Research Center (GCRC) at the University of Texas Health Science Center in Dallas. Both citrates work by increasing both the pH (acid-base balance) of urine and the binding of calcium, which decreases the risk of stone formation.

Calcium citrate may be of particular use for the elderly, especially postmenopausal patients who are at high risk of developing osteoporosis. Calcium supplements are sometimes prescribed for these patients, but conventional supplements tend to increase urinary calcium levels and may promote stone formation. Calcium citrate, however, does exactly the opposite, providing additional calcium but preventing the high levels of urinary calcium associated with kidney stones.

In other research supported by the DRR Biomedical Research Support Program, vaccination against the most common type of bacterium that causes pneumonia has been found to reduce significantly the risk of infection in the elderly and among other susceptible persons. Results from studies conducted by grantees at Yale University in New Haven, Connecticut, indicate that immunizing the elderly decreases their chance of contracting pneumococcal disease by as much as 70 percent. The studies were aimed at resolving questions about the benefits of pneumococcal vaccine for individuals at high risk of developing serious complications if infected. Among the elderly the incidence of pneumococcal infection is three time greater than it is among the general population.

Both studies found that the vaccine confers substantial disease protection to other high-risk persons, including those suffering from diabetes mellitus and chronic heart or pulmonary disease.

The findings strengthen recommendations that call for the vaccination of patients with an increased risk of developing serious, perhaps life-threatening, pneumococcal diseases, such as pneumonia and meningitis. Because of insufficient clinical research these recommendations had been disputed.

Another serious problem, parkinsonism, primarily affecting the elderly, is a neurological disorder being studied by the DRR. In research conducted at a facility supported by the DRR Animal Resources Program, rhesus macague monkeys (*Macaca mulatta*) with chemically induced Parkinson's disease have shown significant—but not full—recovery of normal movement after receiving implants of fetal brain cells. According to grantees at the Yerkes Regional Primate Research Center in Atlanta, the fetal cells implanted in the monkeys produced catecholamines, the class of neurotransmitters that includes dopamine. The transplanted cells also appeared to be successfully integrated with host tissue, as levels of dopamine in the cerebrospinal fluid rose to normal in the previously dopamine-deficient animals. These animals displayed less rigidity in their muscles, but their ability to perform skilled movements was still impaired. According to the grantees, recovery dependent on several factors including the age of the animal, number of cells implanted, and the severity of the disability.

The investigators are trying to determine if either the fetal brain cells or other cells that produce catecholamines such as cells from the adrenal gland would be the most effective in reducing the symptoms of parkinsonism in the monkeys. The fetal cells had been chosen for their easy grafting ability. So far no incidences of rejection of these cells have been discovered.

Although studies in humans are still many years away, the scientist are planning long-term studies in the monkeys to determine if recovery of movement following implantation of fetal cells into the substantia nigra is permanent and whether dopamine levels remain at normal levels.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Although coronary heart disease and other acquired cardiac disorders exact their heaviest toll in disability and death among the aged, in the disease-free heart overall function is very well maintained with advancing years, according to NHLBI grantee Dr. Myron L. Weisfeldt of the Johns Hopkins University. However, he notes, there are age-related changes that can affect the response of the heart to various interventions and these should always be given due consideration in the medical management of certain heart conditions—especially congestive heart failure—in elderly patients.

Reviewing the results of animal and clinical studies that he and his colleagues have done at Johns Hopkins University as well as studies by others, Dr. Weisfeldt cites the following as age-related alterations of potential clinical importance: (1) an increase in heart-muscle mass (hypertrophy); (2) a decrease in compliance (i.e., increased "stiffness") of the heart's main pumping chambers and increased impedance (resistance) to the ejection of blood during the pumping strokes; (3) an increase in the time required for the ventricles to relax and refill between pumping strokes; and (4) a reduction in the heart's responsiveness to neural and hormonal stimuli that normally increase heart rate and the vigor of heart-muscle contractions as well as to certain drugs, such as digitalis, that ordinarily augment heart performance.

The modest hypertrophy that occurs in the aging heart may represent a compensatory response to the age-related increase in impedence to ventricular pumping, since qualitatively similar changes can be induced in younger animal hearts by experimental measures that forced these hearts to pump blood against a higher resistance. In healthy, albeit aged hearts, this age-related hypertrophy is of no consequence since, up to a point, hypertrophy actually improves heart performance. In subjects with heart disease, however, age-associated hypertrophy can be viewed as a reduction in the reserves available to the heart to help it maintain an adequate output in the face of various environmental stresses.

The prolonged relaxation phase of aged heart muscle appears to be the result of changes in the mechanisms whereby intracellular calcium is shuttled from storage sites to the contractile proteins (actin and myosin) of heart muscle fibers. During heart-muscle contraction (systole), the electrochemical stimulus generated by the heart's pacemaker causes the release of calcium from intracellular storage sites. Calcium interacts briefly with actin and myosin to initiate contraction of heart muscle fibers; shortly thereafter the calcium is retured to the storage sites, enabling the heart muscle fibers to relax (and the heart pumping chambers to refill with bloods). Each of these events occurs in fractions of a second. However, in the aged heart, the calcium reabsorption step may take somewhat longer and this may slow the relaxation phase by 20 to 25 percent. Though commonly observed with aging, this slowing of the heart-muscle relaxation phase appears to be both preventable and reversible by regular physical conditioning.

When exercise or other stresses require an increase in cardiac output, both young and aged healthy hearts are able to respond, though they do so in somewhat different ways. With exercise there is an increasing activity of the cardiac sympathetic nerves, which increase heart rate and also the force of its contractions. These effects of sympathetic stimulation may be abetted by catecholamines (norepinephrine and epinephrine) released from the adrenal glands and reaching the heart via the blood. In younger hearts, the increase in cardiac output is achieved mainly through increases in the pumping rate; the amount of blood pumped per beat (stroke volume) may change little and, at high heart rates, may actually decrease.

In the aged heart, neither its rate nor the vigor of concentrations is as much affected by the neural or catecholamine stimuli. Instead, the Frank-Starling mechanism is used to increase output. This mechanism is based on the fact that exercise or other stresses commonly increase the amount of blood returning to the heart's receiving chambers (atria) which means the atria deliver more blood into the ventricles, distending them a bit and elongating their muscle fibers. Muscle fibers contract more strongly from longer fiber lengths; the ventricles are thus able to contract more vigorously. It is primarily through such increases in stroke volume that the aged heart augments its output.

Dr. Weisfeldt notes that digitalis and a number of other agents commonly employed to increase cardiac output in heart failure mimic the effects of sympathetic nerve stimulation and/or catecholamines. Such agents are likely to be less effective in the aged heart, requiring larger doses that may increase the risk of toxic side effects. Drugs that act through mechanisms to reduce cardiac workload while not depressing contractility may offer distinct advantages in the management of heart failure in the elderly patient.

Currently, more than 200,000 coronary bypass operations are being performed each year in the United States and through continued refinements in operative and life-support procedures have reduced surgical mortality and also the risk of morbidity from such complications as acute heart attacks, the incidence of one such complication—stroke occurring during surgery or immediately afterward—has not declined. In fact, it appears to have been increasing during recent years.

According to NHLBI grantee Vincent C. Gott and colleagues at the Johns Hopkins University, one reason for this may be that the proportion of elderly patients undergoing coronary artery bypass surgery has incrased steadily during recent years. Reviewing the records of 3,279 consecutive patients who had coronary bypass operations at the Johns Hopkins Hospital between January 1, 1974 and December 31, 1983, the investigators noted that over this 10-year period the mean age of their surgical candidates increased by 7 years—from 52 years of age to 59—with nearly a third of the group being over 65 years old at operation and nearly 15 percent of these being in their seventies or eighties.

Strong association between increasing age and increased risk of stroke associated with surgery was observed. The stroke rate among patients 50 years old or younger at operation was only 0.42 percent. The rate was sharply higher among patients older than 65 and was 7.14 percent among those over 75 years of age. Factors other than age found to increase risk from stroke included pre-existing cerebrovascular disease, severe atherosclerosis of the ascending aorta, and multiple coronary lesions that required extensive revascularization procedures and an extended time on the heart-lung machine.

Percutaneous transluminal coronary angioplasty (PTCA), employing a balloon-tipped catheter to dilate partially blocked coronary arteries, may provide a nonsurgical alternative to coronary artery bypass surgery in selected patients with coronary heart disease. If the elderly patient meets the other criteria used in selecting suitable candidates for PTCA, he is just as likely as the younger patient to obtain a good result and is no more likely to experience major complications, according to NHLBI grantee Dr. Robert Roberts and colleagues at the Methodist Hospital in Houston and Baylor University College of Medicine.

Among their patients undergoing a total of 639 PTCA procedures between March 1980 and May 1984, 119 were 65 years old or older. In this group, primary success was achieved in 81 percent (versus 80 percent in patients under the age of 65). There was no significant difference seen between the older and younger groups in the incidence of serious complications, including those necessitating emergency coronary bypass surgery (4.1 percent versus 4.7 percent), acute heart attacks (2.5 percent versus 2.9 percent), or death (0.8 percent versus 0). Among the elderly subjects in whom PTCA was successful, 91 percent experienced moderate to marked relief of symptoms with 55 percent of these being symptom free. Four late deaths occurred in this group, but none was the result of cardiac disease.

The investigators feel that their results demonstrate that PTCA can be a safe and clinically effective procedure irrespective of the patient's age if he is otherwise a suitable candidate for the procedure.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Research conducted and supported by the National Institute of Allergy and Infectious Diseases (NIAID) focuses on basic and clinical studies in prevention, diagnosis, and treatment of allergic, immunologic, and infectious disease. As people grow older, their immune systems become less able to defend the body against disease. Because of this age-related impairment of the immune system, together with chronic illnesses that are more common and more debilitating with advancing age, the elderly are more likely than are younger persons to suffer serious consequences of acute disease.

Influenza is a viral disease that generally is not life-threatening to young adults, but it can be a serious threat to the elderly. The NIAID is supporting and conducting basic research and clinical trials to develop treatments and improved influenza vaccines that would better protect high-risk individuals, both young and old, from the disease.

To develop better preventive measures, it is also important to understand the behavior of the influenza viruses, which can alter genetically each year as they circulate around the world. At the NIAID-supported Influenza Research Center at Baylor College of Medicine in Houston, Texas, Dr. Robert Couch has conducted epidemiologic studies relating to influenza. He and his colleagues have surveyed cases of influenza that have occurred over the past 11 years in Houston. They found that an influenza epidemic occurred every winter, usually caused by type A influenza virus, and that, contrary to popular belief, influenza viruses did not circulate in the summer. Dr. Couch also found that the risk of hospitalization among the elderly as a result of influenza was one in 300 cases and the risk of death was one in 1,500 in that age group.

One of the causes of severe illness and death among the elderly is the development of respiratory complications such as pneumonia. NIAID grantee Dr. J. Thomas Grayston and his colleagues at the University of Washington in Seattle, Washington, have found that a recently isolated strain of bacteria is an important cause of pneumonia. The bacterium, called TWAR, is a strain of *Chlamydia psittaci*, an organism that previously had been known to cause a type of pneumonia transmitted primarily by birds. Dr. Grayston found that TWAR accounted for 12 percent of the pneumonia reported in a group of more than 350 college students. There was no indication of bird-to-human transmission. Although the pneumonia was relatively mild in these young adults, Dr. Grayston found that TWAR was associated with severe or fatal cases of pneumonia among older persons.

In a previous epidemiologic study conducted in five areas of the world, the investigators had found that 25 to 45 percent of adults tested had been exposed to TWAR. In cases of pneumonia where no causative organism has been found, rapid and accurate identification of TWAR is important, because this organism can be readily combatted with an antibiotic drug.

Other serious threats to the health of older persons are hospital-associated infections, to which the elderly are particularly vulnerable. One of the most common and difficult to control is caused by a bacterium, *Pseudomonas aeruginosa*. These infections are often fatal because many strains of this organism are resistant to a variety of antibiotics. NIAID grantee Dr. Gerald Pier at the Channing Laboratory, Harvard Medical School, Boston, Massachusetts, has been conducting research studies aimed at developing a vaccine to prevent *P. aeruginosa* infections. Dr. Pier and his colleague Dr. Susan Bennett have recently purified a component of the bacterium from which they developed an experimental vaccine. Previous vaccines made from a different component of the organism had resulted in considerable toxicity. Studies in mice have shown this newly purified component to be safer and protective against *P. aeruginosa* infection. The investigators gave the vaccine to 20 healthy adults, who had no serious adverse reactions. After 2 and 4 weeks, the volunteers had produced significant levels of antibody (disease-fighting proteins) to *P. aeruginosa*. Because high levels of antibody appear to be associated with survival after infection, the antibody levels of the volunteers were compared to antibody levels in the blood of patients who had survived a systemic *Pseudomonas* infection and with those of patients who had died as a result of such an infection. Prior to vaccination, the volunteers had antibody levels similar to those of patients who had not survived the infection; post-vaccination, the antibody levels of the volunteers were comparable to the surviving patients. These results suggest that the vaccine may protect humans against *P. aeruginosa* infection, a major step toward the development of a vaccine that would be of particular value in protecting older, hospitalized patients.

NATIONAL EYE INSTITUTE

Age-related eye diseases threaten the quality of life of many older Americans. In fact, half of our Nation's visually impaired citizens are 65 or older, and a third of all visits for medical eye care are made by people in this age bracket.

To protect the vision of people who are in the later decades of life is a major goal of the research programs of the National Eye Institutes (NEI). The NEI sponsors research on the diagnosis, treatment, and prevention of age-related eye disorders, including glaucoma, cataract, and age-related macular degeneration.

NEI-supported research on glaucoma illustrates how a spectrum of studies on an age-related eye disorder can offer promise of helping a large number of people at varying stages of that disease. Glaucoma is characterized by an insidious rise in fluid pressure within the eye, leading to gradual destruction of the nerve fibers which carry visual images to the brain. Of the 2 million Americans known to have the disease, very few are under 40 and an estimated 720,000 are over 65 years of age. Although glaucoma often can be well controlled with medications, there is a need for improved treatment and for a means of prevention. In the past year the NEI and its grantees have taken significant steps toward those goals.

For the great majority of glaucoma patients, who rely on medications to control intraocular pressure, NEI grantees have developed a drug which appears very promising. It contains one of the most effective anti-glaucoma agents—a chemical called a carbonic anhydrase inhibitor—in eyedrop form. Because many people who might benefit from a drug of this type are unable to tolerate its side effects when it is taken orally, the new eyedrops may be of value to significant numbers of patients.

To help people whose glaucoma cannot be controlled with medications alone, the NEI has initiated a new multi-center clinical trial. Its aim is to evaluate a possible means of improving the success rate of conventional glaucoma surgery.

For people who have just learned that they have the most common form of glaucoma, NEI-supported investigators are evaluating laser treatment as an alternative to treatment with drugs alone. If the laser therapy proves to be of superior value, many more individuals will become candidates for this form of glaucoma treatment.

For people who don't know they have glaucoma, and for those who may develop it in the future, the NEI is supporting studies to learn what risk factors predispose a person to the disease. One factor that is under particular scrutiny is race, because past studies have suggested that black Americans are several times more likely than whites to develop glaucoma and lose vision from it. In two Baltimore communities, a study is now under way to examine the eyes and vision of 5,000 people, half of them white and half black. The study will determine the prevalence of glaucoma and other major eye diseases in both communities, and will look for racial difference in severity or age of onset. Results from this study should clarify the risk factors for glaucoma in both races and make it easier to determine which individuals need especially careful monitoring for signs of this disease.

Additional findings of great value are expected to emerge from laboratory research relevant to glaucoma. NEI-supported scientists are studying fluid dynamics, drug responses, and aging in the normal eye, searching for information that will shed light on the cause of glaucoma. This research is essential to the development of new strategies for protecting people from glaucoma-related visual loss.

In research on other age-related eye disorders, investigators supported by the NEI are attempting to discover better means of treating and preventing cataract, age-related macular degeneration, and dry eye. This research program is bringing us closer to our goal of a lifetime of good vision for all Americans.

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2 P01 AG00001-14A1	PETERS, ALAN AGING AND THE PRIMATE NERVOUS SYSTEM	06/01/75-11/30/88	BOSTON UNIVERSITY	746,019
5 T32 AG00029-11	SIEGLER, ILENE C BEHAVIOR AND PHYSIOLOGY IN AGING	07/01/84-06/30/89	DUKE UNIVERSITY	224,764
2 R01 AG00029-12	PATTERSON, DAVID GENE EXPRESSION IN SOMATIC CELLS IN THE AGING PROCESS	06/01/78-05/31/91	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	247,728
5 T32 AG00030-10	STORANDT, MARTHA A AGING AND DEVELOPMENT	03/01/77-08/31/87	WASHINGTON UNIVERSITY	133,259
5 T32 AG00037-10	BENGTSON, VERN L RESEARCH TRAINING IN GERONTOLOGY	09/01/77-08/31/87	UNIVERSITY OF SOUTHERN CALIFORNIA	185,396
2 T32 AG00045-10	CLARK, M MARGARET TRAINING IN SOCIOCULTURAL GERONTOLOGY	09/30/86-08/31/91	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	107,756
5 T32 AG00048-10	ZARIT, STEVEN H GERONTOLOGY (INTERDISCIPLINARY)	07/01/77-06/30/87	PENNSYLVANIA STATE UNIVERSITY PARK	129,526
5 T32 AG00057-09	MARTIN, GEORGE M GENETIC APPROACHES TO AGING RESEARCH	07/01/78-06/30/88	UNIVERSITY OF WASHINGTON	257,963
5 T32 AG00069-06	HUANG, RU-CHIH C AGE DEPENDENT NUCLEO CYTOPLASMIC INTERACTION	03/01/84-02/28/87	JOHNS HOPKINS UNIVERSITY	93,447
5 T32 AG00078-07	HOLLOSZY, JOHN O EXERCISE AS PREVENTIVE MEDICINE IN THE AGING PROCESS	09/01/80-08/31/90	WASHINGTON UNIVERSITY	138,146
5 T32 AG00080-07	KLINMAN, NORMAN R IMMUNOLOGICAL & NEUROBIOLOGICAL ASPECTS OF AGING	09/01/80-06/30/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	106,921
5 T32 AG00081-07	BRAVERMAN, IRWIN M BIOLOGY OF CUTANEOUS AGING	09/01/80-08/31/87	YALE UNIVERSITY	76,962
5 T35 AG00086-07	GRAFSTEIN, BERNICE SHORT-TERM RESEARCH TRAINING	04/15/80-04/14/90	CORNELL UNIVERSITY MEDICAL CENTER	43,600
2 T35 AG00089-06	FLANAGAN, THOMAS D SHORT-TERM RESEARCH TRAINING	06/01/81-08/31/91	STATE UNIVERSITY OF NEW YORK AT BUFFALO	54,351
5 R01 AG00090-09	SHAIN, SYDNEY A PROSTATIC SENESCENCE: A STEROID HORMONE MODEL	04/01/77-03/31/87	SOUTHWEST FOUNDATION FOR BIOMEDICAL RES	226,198

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5 T32 AG00093-05	FINCH, CALEB E TRAINING IN ENDOCRINOLOGY AND NEUROBIOLOGY OF AGING	09/01/82-08/31/87	UNIVERSITY OF SOUTHERN CALIFORNIA	104,637
5 T32 AG00096-05	COTMAN, CARL W TRAINING IN NEUROBIOLOGY OF AGING	09/29/82-08/31/87	UNIVERSITY OF CALIFORNIA IRVINE	91,302
5 T35 AG00099-04	THOMPSON, JOHN S STUDENTS IN HEALTH PROFESSIONAL SCHOOLS	06/01/83-05/31/88	UNIVERSITY OF KENTUCKY	10,087
5 T32 AG00101-04	BIRREN, JAMES E TRAINING IN HEALTH, BEHAVIOR, AND AGING	09/01/83-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	68,659
5 T32 AG00104-04	LEWIS, ROBERT M TRAINING VETERINARY PATHOLOGISTS FOR AGING RESEARCH	09/01/83-08/31/88	CORNELL UNIVERSITY ITHACA	80,177
3 T32 AG00105-02S1	CAPLAN, ARNOLD I CELL AND MOLECULAR AGING TRAINING GRANT	07/01/84-06/30/89	CASE WESTERN RESERVE UNIVERSITY	15,124
5 T32 AG00105-03	CAPLAN, ARNOLD I CELL AND MOLECULAR AGING TRAINING GRANT	07/01/84-06/30/89	CASE WESTERN RESERVE UNIVERSITY	138,586
5 T32 AG00106-04	GREENBLATT, DAVID J PHARMACOKINETICS IN THE ELDERLY	09/01/83-08/31/88	TUFTS UNIVERSITY	45,392
5 T32 AG00107-03	COLEMAN, PAUL D TRAINING IN GERIATRICS AND NEUROBIOLOGY OF AGING	03/01/84-02/28/89	UNIVERSITY OF ROCHESTER	157,950
2 R01 AG00109-06A1	LIPTON, JAMES M EFFECTS OF AGING ON CENTRAL TEMPERATURE CONTROLS	09/29/77-11/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	90,514
5 T32 AG00110-02	NESSELROADE, JOHN R TRAINING IN AGING RESEARCH METHODOLOGY	07/01/85-06/30/90	PENNSYLVANIA STATE UNIVERSITY PARK	112,087
5 T32 AG00111-04	SISKIND, GREGORY W IMMUNOBIOLOGY OF AGING	09/01/83-08/31/88	SLOAN-KETTERING INSTITUTE FOR CANCER RES	78,414
5 T32 AG00114-02	ADELMAN, RICHARD C MULTIDISCIPLINARY RESEARCH TRAINING IN AGING	09/01/85-08/31/90	UNIVERSITY OF MICHIGAN AT ANN ARBOR	168,924
5 T32 AG00115-02	POLGAR, PETER R PRE AND POST DOCTORAL TRAINING IN BIOCHEMISTRY OF AGING	09/01/85-08/31/90	BOSTON UNIVERSITY	202,104
5 T32 AG00116-02	SLY, DAVID F DEMOGRAPHY OF AGING	08/01/85-07/30/90	FLORIDA STATE UNIVERSITY	56,217

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5 T32 AG00117-02	TROPMAN, JOHN E SOCIAL RESEARCH TRAINING ON APPLIED ISSUES OF AGING	08/01/85-07/31/90	UNIVERSITY OF MICHIGAN AT ANN ARBOR	217,409
5 R01 AG00117-11	FINCH, CALEB E AGING AND BRAIN MONOAMINES IN MICE	09/01/76-08/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	129,294
5 T32 AG00119-02	SCOTT, W RICHARD COMPLEMENTARY RESEARCH TRAINING PROGRAM ON ORGANIZATIONS	09/30/85-08/31/88	STANFORD UNIVERSITY	111,002
1 T32 AG00120-01	GOLDBERG, ANDREW P RESEARCH TRAINING IN GERONTOLOGY AND GERIATRICS	06/01/86-05/31/91	JOHNS HOPKINS UNIVERSITY	135,513
5 K07 AG00121-04	FRIEDMAN, PAULA K GERIATRIC DENTISTRY ACADEMIC AWARD	03/01/83-02/29/88	BOSTON UNIVERSITY	45,419
1 T32 AG00122-01	GORSKI, ROGER A NEURAL REGULATION OF REPRODUCTION: MODELS OF AGING	09/30/86-08/31/90	UNIVERSITY OF CALIFORNIA LOS ANGELES	52,162
1 T32 AG00123-01	FAJANS, STEFAN S TRAINING PROGRAM IN ENDOCRINOLOGY, METABOLISM, AND AGING	06/01/86-05/31/91	UNIVERSITY OF MICHIGAN AT ANN ARBOR	44,826
1 T32 AG00124-01	HOLT, PETER R DIGESTIVE DISEASE AND AGING TRAINING PROGRAM	09/30/86-08/31/91	ST. LUKE'S ROOSEVELT HOSP CTR (NEW YORK)	65,479
1 T32 AG00126-01	NEUGARTEN, BERNICE L RESEARCH TRAINING IN AGING AND SOCIAL POLICY	06/01/86-05/30/90	NORTHWESTERN UNIVERSITY	57,351
1 T32 AG00129-01	FEATHERMAN, DAVID L POPULATION, LIFE COURSE AND AGING	07/01/86-06/30/91	UNIVERSITY OF WISCONSIN MADISON	102,364
5 K04 AG00129-05	CHEDEKEL, MILES R PHOTOCHEMISTRY AND PHOTOBIOLOGY OF PHEOMELANIN	03/01/82-02/28/87	JOHNS HOPKINS UNIVERSITY	53,622
1 T32 AG00130-01	KAYSER-JONES, VIRGENE S RESEARCH TRAINING IN GERONTOLOGICAL NURSING	09/30/86-08/31/91	UNIVERSITY OF SAN FRANCISCO	38,398
1 T32 AG00131-01	CRISTOFALO, VINCENT J TRAINING IN CELLULAR AND MOLECULAR ASPECTS OF AGING	05/01/86-04/30/91	UNIVERSITY OF PENNSYLVANIA	129,694
1 T32 AG00133-01	SULLIVAN, TERESA A SOCIAL DEMOGRAPHY	09/30/86-09/29/87	UNIVERSITY OF TEXAS AUSTIN	43,075
5 K07 AG00133-03	MASSEY, KATHERINE M GERIATRIC DENTISTRY ACADEMIC AWARD	02/01/84-01/31/89	MEHARRY MEDICAL COLLEGE	44,972

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1 T32 AG00134-01	LIANG, JERSEY PUBLIC HEALTH AND AGING	09/30/86-08/31/91	UNIVERSITY OF MICHIGAN AT ANN ARBOR	45,538
1 T32 AG00135-01	LIEBERMAN, MORTON A TRAINING PROGRAM IN HUMAN DEVELOPMENT AND AGING	09/30/86-08/31/91	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	50,979
7 T32 AG00137-01	PETERSON, WARREN A INTER-UNIVERSITY TRAINING - ADULT DEVELOPMENT AND AGING	02/01/86-01/31/90	UNIVERSITY OF MISSOURI KANSAS CITY	229,888
9 T32 AG00140-11	GOLDSTEIN, SIDNEY POPULATION AND SOCIAL CHANGE	07/01/76-06/30/88	BROWN UNIVERSITY	46,000
1 T32 AG00143-01	SHEPPARD, JOHN R BEHAVIORAL GENETICS/BIOLOGY OF AGING	09/30/86-08/31/91	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	50,880
1 T32 AG00145-01	GARRITY, THOMAS F BEHAVIORAL SCIENCE RESEARCH TRAINING IN AGING	09/30/86-08/31/89	UNIVERSITY OF KENTUCKY	27,544
1 T32 AG00146-01	MAINS, RICHARD E BEHAVIORAL AND NEURAL SCIENCE	09/30/86-08/31/89	JOHNS HOPKINS UNIVERSITY	42,103
5 K04 AG00146-04	SALTHOUSE, TIMOTHY A PROCESSING RATE AND ADULT AGE DIFFERENCES IN COGNITION	05/01/83-06/30/86	UNIVERSITY OF MISSOURI COLUMBIA	8,093
5 K07 AG00164-05	LEVENTHAL, ELAINE A GERIATRIC MEDICINE ACADEMIC AWARD	03/01/82-02/28/87	UNIVERSITY OF WISCONSIN MADISON	68,273
5 K07 AG00166-05	SCOTT, VERONICA J GERIATRIC MEDICINE ACADEMIC AWARD	03/01/82-02/28/87	UNIVERSITY OF ALABAMA AT BIRMINGHAM	67,694
5 K04 AG00168-05	WISE, PHYLLIS M NEUROCHEMICAL & NEUROENDOCRINE FUNCTION DURING AGING	04/01/82-03/31/87	UNIVERSITY OF MARYLAND AT BALTIMORE	49,197
5 K07 AG00172-05	CARANASOS, GEORGE J NIA GERIATRIC MEDICINE ACADEMIC AWARD	09/01/82-08/31/87	UNIVERSITY OF FLORIDA	69,978
5 K07 AG00178-05	DUTHIE, EDMUND H, JR GERIATRIC MEDICINE ACADEMIC AWARD	09/29/82-08/31/87	MEDICAL COLLEGE OF WISCONSIN	64,673
5 K07 AG00183-04	WILSON, ARDELL GERIATRIC DENTISTRY ACADEMIC AWARD	04/01/83-03/31/88	COLUMBIA UNIVERSITY NEW YORK	94,298
5 K08 AG00188-05	RESNICK, NEIL M ACADEMIC AWARD--NATIONAL INSTITUTE ON AGING	09/29/82-08/31/87	HARVARD UNIVERSITY	55,605

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5 K08 AG00190-05	GERHART, TOBIN N ACADEMIC AWARD	09/01/82-08/31/87	BETH ISRAEL HOSP (BOSTON)	44,590
5 K08 AG00193-04	FORCIEA, MARY A ALTERED GLUCOCORTICOID RESPONSE IN CELLULAR AGING	05/01/83-04/30/88	WISTAR INSTITUTE OF ANATOMY AND BIOLOGY	44,857
5 K07 AG00198-03	HARVEY, JOHN C GERIATRIC MEDICINE ACADEMIC AWARD	04/01/84-03/31/89	GEORGETOWN UNIVERSITY	78,376
5 K04 AG00199-03	KLINE, DONALD W THEORY AND MECHANISMS IN VISUAL AGING	06/01/84-05/31/89	UNIVERSITY OF NOTRE DAME	49,248
5 K08 AG00200-04	SMALL, GARY W DEMENTIA OF THE ALZHEIMER TYPE AND THE HLA GENE COMPLEX	03/01/83-02/29/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	61,560
5 K04 AG00203-04	HAGESTAD, GUNHILD O PARENTS AND ADULT OFFSPRING: A MULTIGENERATIONAL VIEW	04/01/83-03/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	57,888
5 K04 AG00210-03	POOL, THOMAS B GROWTH ARREST DURING CELLULAR AGING IN VITRO	09/28/84-08/31/89	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	52,526
5 K08 AG00211-03	POTTER, JANE F BENEFICIAL EFFECTS OF MODERATE OBESITY	03/01/84-02/28/89	UNIVERSITY OF NEBRASKA MEDICAL CENTER	42,647
3 K08 AG00213-03S1	LIPSITZ, LEWIS A ACADEMIC AWARD--NATIONAL INSTITUTE ON AGING	05/01/83-04/30/88	HARVARD UNIVERSITY	13,068
5 K08 AG00213-04	LIPSITZ, LEWIS A ACADEMIC AWARD--NATIONAL INSTITUTE ON AGING	05/01/83-04/30/88	HARVARD UNIVERSITY	55,712
5 K07 AG00217-03	TILLMAN, HILDE H GERIATRIC DENTISTRY ACADEMIC AWARD	02/01/84-01/31/89	TUFTS UNIVERSITY	102,853
5 K07 AG00220-04	PAWLSON, L GREGORY NIA GERIATRIC MEDICINE ACADEMIC AWARD	07/01/83-06/30/88	GEORGE WASHINGTON UNIVERSITY	47,961
5 K07 AG00224-03	SORENSEN, LEIF GERIATRIC MEDICINE ACADEMIC AWARD	02/01/84-01/31/89	UNIVERSITY OF CHICAGO	55,656
5 K07 AG00226-04	BECK, PAUL GERIATRIC MEDICINE ACADEMIC AWARD	04/01/83-03/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	60,525
5 K07 AG00230-04	WEILER, PHILIP G GERIATRIC MEDICINE ACADEMIC AWARD	04/01/83-03/31/88	UNIVERSITY OF CALIFORNIA DAVIS	92,944

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5 K01 AG00233-04	SIMONSON, DONALD C SERCA-DIABETES MELLITUS IN THE ELDERLY	08/01/83-07/31/88	YALE UNIVERSITY	71,242
5 K04 AG00234-04	WILLOTT, JAMES F AGING AND THE AUDITORY SYSTEM	08/01/83-07/31/88	NORTHERN ILLINOIS UNIVERSITY	47,885
5 K08 AG00235-02	MARIN, ROBERT S NIA ACADEMIC AWARD: APATHY IN LATE LIFE MENTAL DISORDER	12/01/84-11/30/89	UNIVERSITY OF PITTSBURGH	60,696
5 K08 AG00236-02	SATLIN, ANDREW ACADEMIC AWARD - NATIONAL INSTITUTE OF AGING	07/01/85-06/30/90	MC LEAN HOSPITAL (BELMONT, MA)	57,641
5 K04 AG00241-03	PATEL, PARSOTTAM J EFFECT OF AGING ON CELL-MEDIATED IMMUNITY	05/01/84-04/30/89	MEHARRY MEDICAL COLLEGE	50,760
5 K04 AG00243-03	BARNES, CAROL A NEUROCHEMICAL INVESTIGATIONS OF SENESCENT HIPPOCAMPUS	09/01/84-08/31/89	UNIVERSITY OF COLORADO AT BOULDER	50,845
5 K08 AG00244-03	GUERAMI, ALIREZA EXTRAGLANDULAR STEROIDS AND AGING	04/01/84-03/31/89	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	58,667
5 K08 AG00246-03	WINOGRAD, CAROL H FUNCTIONAL PARAMETERS IN THE ELDERLY	09/28/84-08/31/89	STANFORD UNIVERSITY	43,437
5 K07 AG00249-03	FRETWELL, MARSHA D NIA GERIATRIC MEDICINE ACADEMIC AWARD	07/01/84-06/30/89	BROWN UNIVERSITY	62,404
5 K07 AG00250-03	GAMBERT, STEVEN R GERIATRIC MEDICINE ACADEMIC AWARD	04/01/84-03/31/89	NEW YORK MEDICAL COLLEGE	80,631
5 K07 AG00252-03	BLANCHETTE, PATRICIA L GERIATRIC MEDICINE ACADEMIC AWARD	07/01/84-06/30/89	UNIVERSITY OF HAWAII AT MANOA	83,872
5 K11 AG00256-03	WORLEY, PAUL F IN VIVO CNS MUSCARINIC RECEPTOR ASSAY/ALZHEIMER DISEASE	07/01/84-06/30/89	JOHNS HOPKINS UNIVERSITY	70,577
5 K08 AG00258-03	PENDLEBURY, WILLIAM W NEUROTRANSMITTER FUNCTION AND ALUMINUM NEUROTOXICITY	07/01/84-06/30/87	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	61,046
5 R01 AG00258-18	KLEIN, LEROY QUANTITATIVE DYNAMICS OF BONE REMODELING WITH AGE	06/01/78-05/31/87	CASE WESTERN RESERVE UNIVERSITY	259,343
5 K08 AG00259-02	OSTERWEIL, DAN COGNITIVE FUNCTION IN HYPOTHYROID ELDERLY	08/01/85-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	47,872

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1 K08 AG00260-01A1	MAHLER, MICHAEL E EVENT-RELATED POTENTIALS-ALZHEIMER DISEASE	09/30/86-08/31/91	UNIVERSITY OF CALIFORNIA LOS ANGELES	53,230
3 K08 AG00265-01S1	UHLMANN, RICHARD F SENSORY IMPAIRMENT AND FUNCTION IN THE ELDERLY	02/01/85-01/31/90	UNIVERSITY OF WASHINGTON	864
5 K08 AG00265-02	UHLMANN, RICHARD F SENSORY IMPAIRMENT AND FUNCTION IN THE ELDERLY	02/01/85-01/31/90	UNIVERSITY OF WASHINGTON	57,102
5 K01 AG00266-02	RAKOWSKI, WILLIAM CARDIOVASCULAR RISK FACTORS AND BEHAVIORAL GERIATRICS	01/01/85-05/31/86	UNIVERSITY OF MICHIGAN AT ANN ARBOR	21,759
5 K08 AG00268-02	TONINO, RICHARD P NIA ACADEMIC AWARD: EXERCISE AND INSULIN RESISTANCE	02/01/85-01/31/90	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	59,832
5 K04 AG00271-02	ANTONUCCI, TONI C SOCIAL SUPPORT OVER THE LIFE COURSE	06/01/85-05/31/90	UNIVERSITY OF MICHIGAN AT ANN ARBOR	52,769
1 K04 AG00273-01A1	YELIN, EDWARD H FACTORS IN THE DECLINING FUNCTION OF THE AGING	12/01/85-11/30/90	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	54,000
5 K04 AG00274-02	MITTENESS, LINDA S NATURAL HISTORY & FOLK ETIOLOGY OF AGE-RELATED DISORDERS	04/01/85-03/31/90	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	53,676
5 K04 AG00276-02	KENNEDY, RICHARD H SENSITIVITY TO DIGITALIS-INDUCED ARRHYTHMIAS IN AGING	05/01/85-04/30/90	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	44,858
5 K04 AG00279-02	FONG, SHERMAN IMMUNOLOGIC AGING AND AUTOIMMUNITY IN MAN	09/30/85-08/31/90	SCRIPPS CLINIC AND RESEARCH FOUNDATION	52,272
5 K04 AG00281-02	MILLER, RICHARD A CLONAL ANALYSIS OF T LYMPHOCYTE FUNCTION IN AGING	07/01/85-06/30/90	BOSTON UNIVERSITY	51,926
5 K08 AG00282-02	BALIN, ARTHUR K DOES OXIDATIVE DAMAGE CONTRIBUTE TO THE AGING PROCESS	05/01/85-04/30/90	ROCKEFELLER UNIVERSITY	56,846
5 K11 AG00284-02	MILLER, BRUCE L CHOLINE TRANSPORT AND METABOLISM IN ALZHEIMER DISEASE	08/01/85-07/31/90	UNIVERSITY OF CALIFORNIA LOS ANGELES	64,494
5 K11 AG00289-02	GOLDMAN, ROBERT S NEURONAL FUNCTION RELEVANT TO ALZHEIMER'S DISEASE	08/01/85-07/31/90	YALE UNIVERSITY	67,261
5 K08 AG00291-02	TREANOR, JOHN J STUDIES OF VIRAL GASTROENTERITIS IN THE ELDERLY	09/30/85-08/31/88	UNIVERSITY OF ROCHESTER	57,796

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5 K08 AG00292-02	TINETTI, MARY E ACADEMIC AWARD--IDENTIFYING FALL RELATED FACTORS	08/01/85-07/31/90	YALE UNIVERSITY	58,534
5 K12 AG00294-02	ROWE, JOHN W PHYSICIAN SCIENTIST PROGRAM AWARD	08/01/85-07/31/90	HARVARD UNIVERSITY	263,291
5 K11 AG00295-02	STOPA, EDWARD G HUMAN SUPRACHIASMATIC NUCLEI: AGE RELATED ALTERATION	09/30/85-08/31/90	TUFTS UNIVERSITY	66,529
5 K04 AG00296-02	MARINI, MARGARET M AGE, GENDER, AND CAREERS	09/01/85-08/31/90	VANDERBILT UNIVERSITY	53,079
5 K04 AG00300-02	MC NEILL, THOMAS H THE BASAL GANGLIA AND AGING	09/30/85-08/31/90	UNIVERSITY OF ROCHESTER	49,594
5 K07 AG00301-02	KOWAL, JEROME GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/85-07/31/88	CASE WESTERN RESERVE UNIVERSITY	82,625
1 K07 AG00302-01A1	COE, RODNEY M GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/86-07/31/89	ST. LOUIS UNIVERSITY	82,472
5 K07 AG00305-02	HALTER, JEFFREY B GERIATRIC LEADERSHIP ACADEMIC AWARD	08/01/85-07/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	82,685
5 P01 AG00306-10	PORTER, JOHN C HORMONE DYNAMICS & TARGET ORGANS IN AGING MEN & WOMEN	05/01/85-04/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	585,636
1 K04 AG00309-01	DE PAOLO, LOUIS V EFFECTS OF AGING ON THE REGULATION OF FSH SECRETION	09/30/86-08/31/91	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	50,292
1 K08 AG00312-01	GANGULI, MARY NIA ACADEMIC AWARD: PREDICTORS OF MORTALITY IN DEMENTIA	09/30/86-08/31/91	UNIVERSITY OF PITTSBURGH	53,290
1 K04 AG00313-01	HUI, SIU LUI LONGITUDINAL STUDIES OF BONE LOSS IN AGING	03/01/86-02/28/91	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	49,532
1 K08 AG00314-01	MEADOR, KIMFORD JAY IN VIVO PROBE CENTRAL CHOLINERGIC SYSTEMS	09/30/86-08/31/91	MEDICAL COLLEGE OF GEORGIA	45,545
5 K08 AG00318-04	WILLIAMS, MARK E NIA ACADEMIC AWARD	04/01/85-07/31/88	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	53,478
1 K01 AG00319-01	POWELL, LYNDA H BEHAVORIAL & DRUG INTERVENTION FOR CORONARY PATIENTS	12/01/85-11/30/88	YALE UNIVERSITY	54,680

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5 R01 AG00322-11	NEMETHY, GEORGE AGING: CONFORMATIONAL CHANGES OF COLLAGEN	06/01/79-05/31/89	CORNELL UNIVERSITY ITHACA	90,859
1 K04 AG00327-01	SCHWARTZ, JANICE B THE EFFECT OF AGING ON CALCIUM BLOCKER KINETICS/DYNAMIC	01/01/86-12/31/90	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	54,000
5 K04 AG00328-03	WOLINSKY, FREDRIC D HEALTH AND ILLNESS BEHAVIOR AMONG THE AGED	06/01/85-01/31/89	TEXAS AGRI AND MECH UNIV COLLEGE STATION	53,568
1 K11 AG00329-01	MAGNUSSON, KATHY R EXCITATORY AMINO ACIDS IN THE AGING BRAIN	06/01/86-05/31/91	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	47,977
5 K08 AG00332-03	ERSHLER, WILLIAM B IMMUNOLOGIC RECONSTITUTION IN AGING	07/01/85-01/31/87	UNIVERSITY OF WISCONSIN MADISON	63,720
1 K04 AG00334-01	MERRILL, GARY F TK REGULATION DURING AGING AND DEVELOPMENT	06/01/86-05/31/91	OREGON STATE UNIVERSITY	42,444
5 K04 AG00335-02	HERTZOG, CHRISTOPHER K INDIVIDUAL DIFFERENCES IN ADULT COGNITIVE DEVELOPMENT	08/01/85-07/31/90	GEORGIA INSTITUTE OF TECHNOLOGY	55,606
5 K04 AG00339-05	DICE, JAMES F, JR PROTEIN DEGRADATION IN AGING HUMAN FIBROBLASTS	09/01/85-08/31/87	TUFTS UNIVERSITY	52,272
1 K08 AG00341-01	SLOANE, PHILIP D NIA ACADEMIC AWARDS: DIZZINESS IN THE ELDERLY: NATURAL	08/01/86-07/31/91	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	54,793
1 K08 AG00343-01	MIRKA, ALAR VESTIBULAR FUNCTION AND POSTURAL CONTROL IN THE ELDERLY	02/01/86-01/31/89	GOOD SAMARITAN HOSP & MED CTR(PRTLND,OR)	42,120
1 K04 AG00344-01	EL-FAKAHANY, ESAM E AGING AND MUSCARINIC RECEPTORS IN INTACT BRAIN CELLS	08/01/86-07/31/91	UNIVERSITY OF MARYLAND AT BALTIMORE	49,692
1 K08 AG00345-01	WANG, SAN YOU NIA ACADEMIC AWARD/EFFECTS OF AGING/INSULIN BIOSYNTHESIS	08/01/86-07/31/91	HARVARD UNIVERSITY	55,606
1 K08 AG00347-01	COON, PATRICIA J NIA ACADEMIC AWARD/GLUCOSE & LIPID METABOLISM IN OBESITY	08/01/86-07/31/91	JOHNS HOPKINS UNIVERSITY	56,846
1 K08 AG00354-01	YAAR, MINA INTERFERON: ROLE IN EPIDERMAL GROWTH & DIFFERENTIATION	12/01/85-11/30/88	TUFTS UNIVERSITY	49,648
1 K07 AG00355-01	CRISTOFALO, VINCENT J GERIATRIC LEADERSHIP ACADEMIC AWARD	07/01/86-06/30/89	UNIVERSITY OF PENNSYLVANIA	82,685

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7 K01.AG00370-02	RAKOWSKI, WILLIAM CARDIOVASCULAR RISK FACTORS AND BEHAVIORAL GERIATRICS	06/01/86-12/31/87	MEMORIAL HOSPITAL (PAWTUCKET, RI)	41,420
5 P30 AG00371-13	COHEN, HARVEY J RESEARCH SUPPORT SERVICES FOR GERONTOLOGY CENTER	12/01/77-03/31/87	DUKE UNIVERSITY	267,527
7 K04 AG00372-04	SALTHOUSE, TIMOTHY A PROCESSING RATE AND ADULT AGE DIFFERENCES IN COGNITION	07/01/86-04/30/88	GEORGIA INSTITUTE OF TECHNOLOGY	45,252
7 K08 AG00377-05	OUSLANDER, JOSEPH G NATIONAL INSTITUTE ON AGING ACADEMIC AWARD	09/01/86-08/31/87	JOHNS HOPKINS UNIVERSITY	44,391
5 P01 AG00378-15	CRISTOFALO, VINCENT J CELLULAR SENESCENCE AND CONTROL OF CELL PROLIFERATION	01/01/75-01/31/88	WISTAR INSTITUTE OF ANATOMY AND BIOLOGY	643,981
3 P01 AG00378-15S1	CRISTOFALO, VINCENT J CELLULAR SENESCENCE & CONTROL OF CELL PROLIFERATION	01/01/75-01/31/88	WISTAR INSTITUTE OF ANATOMY AND BIOLOGY	28,617
5 R01 AG00416-11	MEITES, JOSEPH CONTROL OF GH SECRETION AND PROTEIN SYNTHESIS WITH AGE	05/01/80-11/30/87	MICHIGAN STATE UNIVERSITY	116,423
5 R01 AG00425-22	HOLLOSZY, JOHN O EXERCISE-INDUCED BIOCHEMICAL AND ANATOMIC ADAPTATIONS	07/01/78-06/30/87	WASHINGTON UNIVERSITY	136,165
5 R01 AG00443-12	SCHIFFMAN, SUSAN S GUSTATORY AND OLFACTORY QUALITY CHANGES WITH AGE	12/01/79-11/30/86	DUKE UNIVERSITY	176,514
5 R01 AG00451-13	SEGRE, DIEGO PARAMETERS OF THE IMMUNE RESPONSE IN AGING	06/01/79-11/30/86	UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN	122,757
2 R01 AG00459-10A1	GERSHON, DAVID STUDY OF FAULTY PROTEIN MOLECULES SENESCENCE	02/01/86-01/31/89	TECHNION-ISRAEL INSTITUTE OF TECHNOLOGY	100,657
2 P01 AG00538-10	COTMAN, CARL W BEHAVIORAL AND NEURAL PLASTICITY IN THE AGED	09/30/85-08/31/90	UNIVERSITY OF CALIFORNIA IRVINE	569,794
2 P01 AG00541-10	WEKSLER, MARC E IMMUNOBIOLOGY OF AGING	05/01/77-04/30/91	CORNELL UNIVERSITY MEDICAL CENTER	531,670
5 R01 AG00594-13	HARRISON, DAVID E DECLINE OF IMMUNE RESPONSE WITH AGE	07/01/77-06/30/88	JACKSON LABORATORY	149,559
2 P01 AG00599-10	ROWE, JOHN W PROGRAM PROJECT IN BIOMEDICAL ASPECTS OF AGING	07/01/77-06/30/91	BETH ISRAEL HOSP (BOSTON)	933,821

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3 R01 AG00677-08S2	RUTHERFORD, CHARLES L ALTERNATE PAT.WAYS IN CELLULAR AGING	07/01/77-03/31/86	VIRGINIA POLYTECHNIC INST AND ST UNIV	13,714
2 R01 AG00677-09A1	RUTHERFORD, CHARLES L ALTERNATE PATHWAYS IN CELLULAR AGING	07/01/77-03/31/89	VIRGINIA POLYTECHNIC INST AND ST UNIV	127,134
5 P01 AG00795-09	LASEK, RAYMOND J AGING CHANGES IN NEURONAL FUNCTION AND STRUCTURE	04/01/78-03/31/89	CASE WESTERN RESERVE UNIVERSITY	529,915
2 R01 AG00801-07A1	HABICHT, GAIL S IMMUNOLOGICAL TOLERANCE AND AGING	07/01/79-11/30/88	STATE UNIVERSITY NEW YORK STONY BROOK	123,147
2 R01 AG00847-07	SLADEK, JOHN R, JR AGING EFFECTS ON PEPTIDERGIC AND AMINERGIC NEURONS	09/01/82-11/30/88	UNIVERSITY OF ROCHESTER	139,710
5 R01 AG00947-09	STEIN, GRETCHEN H GROWTH REGULATION: SENESCENT VS NONSENESCENT CELLS	06/01/78-05/31/88	UNIVERSITY OF COLORADO AT BOULDER	162,039
5 R01 AG01050-07	DANIEL, CHARLES W AGING OF MOUSE MAMMARY CELLS	07/01/79-02/28/88	UNIVERSITY OF CALIFORNIA SANTA CRUZ	167,778
5 R01 AG01121-09	COLEMAN, PAUL D COMPUTER AIDED STUDY OF DENDRITES IN AGING HUMAN BRAIN	07/01/78-06/30/87	UNIVERSITY OF ROCHESTER	84,855
5 R01 AG01136-09	YEN, SHU-HUI C THE AGING BRAIN: IMMUNOHISTOLOGY AND BIOCHEMISTRY	07/01/78-06/30/88	YESHIVA UNIVERSITY	160,461
5 R01 AG01154-08	RUSSELL, RICHARD L GENETIC, BIOCHEMICAL AND DIETARY PROBES OF AGING	07/01/78-03/31/88	UNIVERSITY OF PITTSBURGH	66,964
5 R01 AG01159-10	MANTON, KENNETH G A DEMOGRAPHIC STUDY OF MULTIPLE CAUSES OF DEATH	04/01/80-11/30/87	DUKE UNIVERSITY	167,904
5 P01 AG01188-08	MASORO, EDWARD J NUTRITIONAL PROBE OF THE AGING PROCESS	06/01/79-05/31/87	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	448,121
5 R01 AG01228-08	WRIGHT, WOODRING E GENE EXPRESSION IN AGING AND DEVELOPMENT	12/01/78-11/30/86	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	187,924
5 R01 AG01251-08	SEKULER, ROBERT W HUMAN AGING AND VISUAL PERCEPTION	04/01/79-03/31/88	NORTHWESTERN UNIVERSITY	130,071
5 R01 AG01274-08	GRACY, ROBERT W THE EFFECTS OF AGING ON LYMPHOCYTE ACTIVATION	01/01/79-12/31/86	NORTH TEXAS STATE UNIVERSITY	103,516

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3 R01 AG01302-09S1	EPSTEIN, HENRY F THE MOLECULAR BASIS OF NEUROMUSCULAR DEVELOPMENT	07/01/78-08/31/87	BAYLOR COLLEGE OF MEDICINE	21,675
2 P01 AG01312-07A1	REAVEN, GERALD M ENDOCRINOLOGY OF AGING	07/01/79-06/30/90	STANFORD UNIVERSITY	430,878
2 R01 AG01395-08	WILKINSON, GRANT R EFFECTS OF AGING PROCESS ON DRUG RESPONSIVENESS IN MAN	04/01/79-03/31/91	VANDERBILT UNIVERSITY	229,500
2 R01 AG01415-07	PERL, DANIEL P TRACE ELEMENTS IN AGED NEURONS AND SENILE DEMENTIA	04/01/79-06/30/86	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	67,957
5 R01 AG01437-07	DAVIDSON, JULIAN M ENDOCRINE FACTORS AND SEXUALITY IN AGING	09/01/79-11/30/86	STANFORD UNIVERSITY	218,884
5 R01 AG01461-07	SABATINI, DAVID D SYNTHESIS AND DISTRIBUTION OF PROTEINS IN MEMBRANES	02/01/80-01/31/90	NEW YORK UNIVERSITY	417,016
5 R01 AG01512-05	LU, JOHN K HORMONE SECRETION AND RECEPTOR PATTERNS DURING AGING	12/01/84-11/30/87	UNIVERSITY OF CALIFORNIA LOS ANGELES	121,092
5 R01 AG01548-04	RICHARDSON, ARLAN G EFFECT OF DIET AND AGING ON MACROMOLECULAR SYNTHESIS	07/01/79-06/30/87	ILLINOIS STATE UNIVERSITY	35,272
5 R01 AG01572-08	SMITH, DEAN O SYNAPTIC STRUCTURE AND FUNCTION DURING SENESCENCE	07/01/79-08/31/88	UNIVERSITY OF WISCONSIN MADISON	69,330
5 R01 AG01608-08	PHOENIX, CHARLES H SEXUAL BEHAVIOR AND HORMONES IN AGING MALES	07/01/79-06/30/87	MEDICAL RESEARCH FOUNDATION OF OREGON	128,093
5 P01 AG01743-07	KLINMAN, NORMAN R IMMUNOBIOLOGY AND IMMUNOPATHOLOGY OF AGING	02/01/80-01/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	416,718
2 P01 AG01751-08	MARTIN, GEORGE M GENE ACTION IN THE PATHOBIOLOGY OF AGING	09/29/79-07/31/91	UNIVERSITY OF WASHINGTON	1,081,938
5 R01 AG01760-07	PEARSON, THOMAS A PRECURSORS OF PREMATURE DISEASE AND DEATH	08/01/79-11/30/86	JOHNS HOPKINS UNIVERSITY	113,635
5 R01 AG01811-08	MACINTYRE, ROSS J MUTANTS AT THE 2-GLYCEROPHOSPHATE DEHYDROGENASE LOCUS	09/29/79-08/31/89	CORNELL UNIVERSITY ITHACA	156,573
5 R01 AG01822-07	SHEARN, ALLEN D MUTATIONAL DISSECTION OF IMAGINAL DISC DEVELOPMENT	09/29/79-11/30/89	JOHNS HOPKINS UNIVERSITY	134,624

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5 R01 AG01934-08	HIRAIZUMI, YUICHIRO GENETICS OF REPRODUCTIVE LONGEVITY IN DROSOPHILA	09/29/79-08/31/88	UNIVERSITY OF TEXAS AUSTIN	80,507
2 R01 AG02038-06	HERZOG, ANNA R NON-SAMPLING ERRORS IN PANEL SURVEYS OF OLDER ADULTS	01/01/80-06/30/89	UNIVERSITY OF MICHIGAN AT ANN ARBOR	297,198
5 R01 AG02048-08	RHEINWALD, JAMES G SENESCENCE AND DIFFERENTIATION IN CULTURED EPITHELIA	09/29/79-08/31/88	DANA-FARBER CANCER INSTITUTE	127,268
5 R01 AG02049-07	GARRY, PHILIP J A PROSPECTIVE STUDY OF NUTRITION IN THE ELDERLY	01/01/80-12/31/87	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	197,742
5 R01 AG02085-06	KENSHALO, DANIEL R, SR AGING AND SOMESTHETIC ACUITY	01/01/80-11/30/86	FLORIDA STATE UNIVERSITY	101,510
5 N01 AG02105-12	OSTFELD, ADRIAN M ESTABLISH POPULATIONS FOR EPIDEMIOLOGICAL STUDIES	06/30/80-07/29/89	YALE UNIVERSITY	356,681
5 N01 AG02106-10	WALLACE, ROBERT B ESTABLISH POPULATIONS FOR EPIDEMIOLOGICAL STUDIES	06/30/80-06/29/88	UNIVERSITY OF IOWA	525,451
5 N01 AG02107-16	TAYLOR, JAMES O ESTABLISH POPULATIONS FOR EPIDEMIOLOGICAL STUDIES	06/30/80-12/29/88	BRIGHAM AND WOMEN'S HOSPITAL	405,848
5 P01 AG02126-07	MAROTTA, CHARLES A MOLECULAR BIOLOGY OF NEURONAL AGING	04/01/80-08/31/88	MC LEAN HOSPITAL (BELMONT, MA)	361,407
5 R01 AG02128-06	FESSLER, JOHN H BASEMENT MEMBRANE BIOSYNTHESIS	09/29/79-11/30/87	UNIVERSITY OF CALIFORNIA LOS ANGELES	141,082
5 P01 AG02132-06	PRUSINER, STANLEY B VIRAL DEGENERATIVE AND DEMENTING DISEASES IN AGING	01/01/81-12/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	625,962
3 P01 AG02132-06S1	PRUSINER, STANLEY B VIRAL DEGENERATIVE DEMENTING DISEASE IN AGING (SUPP)	01/01/81-12/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	91,853
2 R01 AG02205-07	MALEMUD, CHARLES J BEHAVIOR OF HUMAN CARTILAGE IN AGING & OSTEOARTHRITIS	04/01/80-05/31/91	CASE WESTERN RESERVE UNIVERSITY	143,624
3 P01 AG02219-06S1	DAVIS, KENNETH L CLINICAL MARKERS/GENETIC RISKS IN ALZHEIMER'S DISEASE	12/01/85-03/31/88	MOUNT SINAI SCHOOL OF MEDICINE	36,080
5 P01 AG02219-07	DAVIS, KENNETH L CHOLINERGIC TREATMENT OF MEMORY DEFICITS IN THE AGED	04/01/80-03/31/88	MOUNT SINAI SCHOOL OF MEDICINE	442,627

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2 R01 AG02224-07	WISE, PHYLLIS M NEUROENDOCRINE AND NEUROCHEMICAL FUNCTION DURING AGING	04/01/80-06/30/89	UNIVERSITY OF MARYLAND AT BALTIMORE	131,324
5 R01 AG02231-07	SCHWARTZ, MYRNA F PATTERNS OF COGNITIVE DEFICIT IN ALZHEIMER'S DISEASE	09/01/79-06/30/86	UNIVERSITY OF PENNSYLVANIA	58,863
2 R01 AG02246-07	TEMPLETON, ALAN R THE AGING EFFECTS ASSOCIATED WITH A POLYGENIC COMPLEX	04/01/86-03/31/89	WASHINGTON UNIVERSITY	61,680
5 R01 AG02260-05	NEAVES, WILLIAM B BIOLOGY OF THE AGING HUMAN TESTIS	09/01/82-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	75,148
5 R01 AG02287-07	BOSSE, RAYMOND THE EFFECT OF RETIREMENT ON PHYSICAL HEALTH	09/29/79-01/31/87	HELLENIC COLLEGE	111,834
5 R01 AG02325-05	LEES, SIDNEY MECHANO-ULTRASONIC PROPERTIES OF BONE IN AGING	08/01/80-11/30/87	FORSYTH DENTAL CENTER	182,172
5 R01 AG02329-10	YUNIS, EDMOND J IMMUNOLOGICAL ASPECTS OF AGING	04/01/80-03/31/90	DANA-FARBER CANCER INSTITUTE	125,691
5 R01 AG02331-06	CLEMMONS, DAVID R THE EFFECT OF AGING ON HORMONAL CONTROL OF REPLICATION	08/01/80-01/31/87	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	127,353
2 R01 AG02338-05	O'LEARY, JAMES J MECHANISM OF DEPRESSED IMMUNE FUNCTION IN AGING MAN	09/01/85-08/31/88	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	118,449
3 R01 AG02381-06S2	CHEDEKEL, MILES R BIOSYNTHESIS AND STRUCTURE OF PHAEOMELANIN	01/01/80-03/31/86	JOHNS HOPKINS UNIVERSITY	6,986
5 R01 AG02398-05	AKERA, TAI AGING, DISEASE AND DRUGS--DIGITALIS SENSITIVITY	03/01/82-02/28/87	MICHIGAN STATE UNIVERSITY	140,299
5 R01 AG02409-03	LAMB, DAVID R EXERCISE IN ELDERS: LIFE STYLE AND PHYSIOLOGIC CHANGE	04/01/83-03/31/97	OHIO STATE UNIVERSITY	215,917
2 R01 AG02440-06	WARNER, CAROL M LYMPHOCYTE AGING IN CHIMERIC MICE	09/01/85-08/31/90	IOWA STATE UNIVERSITY OF SCIENCE & TECH	96,153
2 R01 AG02452-07	LIGHT, LEAH L CONTEXTUAL AND SEMANTIC MEMORY PROCESSING IN OLD AGE	09/01/80-08/31/89	PITZER COLLEGE	133,892
5 R01 AG02467-05	KUSHNER, IRVING INDUCTION OF ACUTE PHASE PROTEIN BIOSYNTHESIS	02/01/85-01/31/88	CASE WESTERN RESERVE UNIVERSITY	112,976

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2 R01 AG02483-07	WASNICH, RICHARD D EPIDEMIOLOGY OF OSTEOPOROSIS IN AGING JAPANESE	09/29/80-08/31/91	KUAKINI MEDICAL CENTER	365,692
5 R01 AG02513-06	BARON, ALAN PERFORMANCES OF OLDER ADULTS UNDER TIME PRESSURE	04/01/81-07/31/87	UNIVERSITY OF WISCONSIN MILWAUKEE	96,487
5 R01 AG02577-05	NIMNI, MARCEL E OSTEOGENESIS: DEVELOPMENT, MODULATION, AND AGING	04/01/82-03/31/87	UNIVERSITY OF SOUTHERN CALIFORNIA	110,661
5 R01 AG02603-06	LIPSCHITZ, DAVID A HEMATOPOIESIS AND AGING	12/01/80-11/30/86	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	82,118
5 R01 AG02650-05	JOHNSON, ANNE B PATHOGENESIS OF SENILE DEMENTIA AND CEREBRAL AGING	01/01/81-11/30/87	YESHIVA UNIVERSITY	180,821
5 R01 AG02655-06	JACOBSON, LEWIS A LYSOSMAL PROTEASES, PROTEIN TURNOVER AND AGING	12/01/80-11/30/86	UNIVERSITY OF PITTSBURGH	91,104
5 R01 AG02711-08	KRIPKE, DANIEL F PREVALENCE OF SLEEP APNEA IN AN AGED POPULATION	04/01/81-03/31/90	UNIVERSITY OF CALIFORNIA SAN DIEGO	197,916
5 R01 AG02716-05	BONA, CONSTANTIN A AUTOANTI-IMMUNOGLOBULIN RESPONSE AND AGING	03/01/82-02/28/90	MOUNT SINAI SCHOOL OF MEDICINE	112,394
5 R01 AG02731-05	YEE, JOHN A IN VITRO STUDIES ON ISOLATED ENDOSTEAL BONE CELLS	03/01/82-06/30/89	TEXAS TECH UNIVERSITY	89,300
5 R01 AG02751-05	HOWARD, DARLENE V STUDIES OF AGING SEMANTIC PROCESSING AND MEMORY	05/01/85-04/30/88	GEORGETOWN UNIVERSITY	53,291
5 R01 AG02758-05	PACIFICI, MAURIZIO PROPERTIES OF CARTILAGE CELLS AGING IN VIVO AND IN VITRO	03/01/82-02/28/88	UNIVERSITY OF PENNSYLVANIA	125,758
5 R01 AG02802-05	MAYEUX, RICHARD P BEHAVIORAL/BIOCHEMICAL CORRELATES IN DISEASES OF AGING	04/01/81-11/30/87	COLUMBIA UNIVERSITY NEW YORK	192,518
5 R01 AG02822-06	STOCKDALE, FRANK E DEVELOPMENTAL AGE AND CHANGES IN MYOSIN ISOZYMES	04/01/81-03/31/89	STANFORD UNIVERSITY	217,510
5 R01 AG02832-05	STROHMAN, RICHARD C MUSCLE MATURATION: IMPACT OF NEURONS, ACTIVITY, AGING	08/01/81-11/30/87	UNIVERSITY OF CALIFORNIA BERKELEY	173,953
5 R01 AG02868-05	WHORTON, A RICHARD AGING AND VASCULAR ARACHIDONIC ACID METABOLISM	05/01/82-04/30/89	DUKE UNIVERSITY	125,447

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5 R01 AG02901-06	VESTAL, ROBERT E GERIATRIC CLINICAL PHARMACOLOGY OF METHYLXANTHINES	09/01/80-08/31/87	U.S. VETS ADMIN MED CTR (BOISE, ID)	64,493
2 P01 AG02908-06	LEHMAN, I ROBERT DNA TRANSACTIONS AND AGING	08/01/86-07/31/91	STANFORD UNIVERSITY	824,305
2 P01 AG02921-05	CAPLAN, ARNOLD I EXTRACELLULAR MATRIX AND AGING	08/01/82-07/31/91	CASE WESTERN RESERVE UNIVERSITY	722,007
5 R01 AG02957-02	DAVIES, A MICHAEL EPIDEMIOLOGY OF SENILE DEMENTIAS IN JERUSALEM	05/01/85-04/30/87	BROOKDALE INST GERONTOLOGY/ADULT HUM DEV	132,471
5 R01 AG02970-03	SOBIN, SIDNEY S AGING OF THE MICROVASCULATURE	04/01/84-03/31/87	UNIVERSITY OF SOUTHERN CALIFORNIA	243,993
5 R01 AG03020-05	WANG, YU-HWA E CYTOSKELETAL STRUCTURE IN AGING FIBROBLASTS	08/01/81-02/28/88	ROCKEFELLER UNIVERSITY	126,405
2 R01 AG03047-04A1	BALL, MELVYN J DEFINITION OF ALZHEIMER'S DISEASE: PATHOLOGICAL STUDIES	07/01/86-06/30/89	UNIVERSITY OF WESTERN ONTARIO	201,518
5 R01 AG03055-05	ELIAS, MERRILL F AGE, HYPERTENSION, AND INTELLECTIVE PERFORMANCE	08/01/81-03/31/89	UNIVERSITY OF MAINE AT ORONO	140,305
5 P01 AG03104-05	EGER, EDMOND I PROGRAM PROJECT - AGING AND ANESTHESIA	02/01/82-01/31/87	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	380,665
5 P01 AG03106-05	MANUELIDIS, ELIAS E ANIMAL MODELS FOR THE STUDY OF DEMENTIAS AND AGING	09/30/82-08/31/87	YALE UNIVERSITY	424,627
2 P01 AG03110-04A1	FRY, CHRISTINE L AGE AND CULTURE: COMMUNITY AND WELL-BEING IN OLD AGE	07/01/82-08/31/90	LOYOLA UNIVERSITY OF CHICAGO	400,969
3 R01 AG03111-05S1	MC KINLAY, SONJA M AN EPIDEMIOLOGICAL INVESTIGATION OF THE MENOPAUSE	06/05/86-06/30/86	AMERICAN INSTITUTES FOR RESEARCH	16,295
2 R01 AG03111-06A1	MC KINLAY, SONJA M AN EPIDEMIOLOGICAL INVESTIGATION OF MENOPAUSE	04/01/81-06/30/89	AMERICAN INSTITUTES FOR RESEARCH	404,440
5 R01 AG03128-05	ROSENWAIKE, IRA DEMOGRAPHY OF THE EXTREME AGED	03/01/82-06/30/87	UNIVERSITY OF PENNSYLVANIA	38,797
5 R01 AG03161-05	HARTMAN, PHILIP S DNA REPAIR IN THE NEMATODE CAENORHABDITIS ELEGANS	04/01/82-08/31/88	TEXAS CHRISTIAN UNIVERSITY	53,924

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5 R01 AG03168-05	KATZ, MICHAEL S HORMONE-SENSITIVE LIVER ADENYLATE CYCLASES DURING AGING	03/01/82-02/29/88	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	76,335
5 R01 AG03188-05	WOODBURY, MAX A LONGITUDINAL MODELS OF CORRELATES OF AGING AND LONGEVITY	06/01/82-05/31/88	DUKE UNIVERSITY	124,124
2 R01 AG03295-05	BRAVERMAN, IRWIN M ROLE OF ELASTIC FIBERS AND VESSELS IN CUTANEOUS AGING	09/01/85-08/31/88	YALE UNIVERSITY	156,198
2 R01 AG03326-04A1	ROBERTS, JAY PHARMACOLOGY OF AGING CARDIAC ADRENERGIC NEUROEFFECTOR	05/01/82-11/30/88	MEDICAL COLLEGE OF PENNSYLVANIA	137,518
5 R01 AG03331-05	MILLER, ARNOLD R SYNCHRONISM OF AGING IN COMPLEX SYSTEMS	08/01/83-07/31/87	UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN	88,307
5 R01 AG03359-05	PRICE, DONALD L NEUROBIOLOGICAL STUDIES/ALZHEIMER'S/PARKINSON'S DISEASE	06/01/82-08/31/90	JOHNS HOPKINS UNIVERSITY	93,832
5 R01 AG03362-05	HARTLEY, JOELLEN T ADULT DIFFERENCES IN MEMORY FOR DISCOURSE	06/01/82-08/31/89	CALIFORNIA STATE UNIVERSITY LONG BEACH	62,144
5 R01 AG03376-05	BARNES, CAROL A NEUROBEHAVIORAL RELATIONS IN SENESCENT HIPPOCAMPUS	05/01/82-04/30/88	UNIVERSITY OF COLORADO AT BOULDER	110,272
2 R01 AG03393-05	ALLEN, RONALD E CHANGES IN SKELETAL MUSCLE SATELLITE CELLS DURING AGING	05/01/82-04/30/91	UNIVERSITY OF ARIZONA	78,251
5 R01 AG03417-06	FERNANDES, GABRIEL INFLUENCE OF DIET ON REGULATION, AUTOIMMUNITY, AND AGING	09/15/81-06/30/87	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	139,282
1 R01 AG03420-01A1	CUTLER, STEPHEN J COHORT CHANGES IN SOCIAL AND POLITICAL ATTITUDES	06/01/86-05/31/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	109,651
5 P01 AG03424-04	KELMAN, HOWARD R BEHAVIORAL FACTORS ON HEALTH AND ILLNESS IN AGED PERSONS	09/29/83-08/31/88	MONTEFIORE MEDICAL CENTER (BRONX, NY)	712,173
2 R01 AG03471-03A1	MITTENESS, LINDA S THE BEHAVIORAL CONTEXT OF INCONTINENCE IN THE ELDERLY	09/01/82-04/30/89	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	131,030
5 R01 AG03476-04	HAUG, MARIE R HEALTH AND WOMEN'S RETIREMENT DECISIONS AND ADAPTATIONS	06/01/83-05/31/87	CASE WESTERN RESERVE UNIVERSITY	109,691
2 R01 AG03501-04	LEVENTHAL, HOWARD SYMPTOM AND EMOTION STIMULI TO HEALTH ACTION IN ELDERLY	09/01/82-11/30/89	UNIVERSITY OF WISCONSIN MADISON	270,630

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2 R01 AG03527-04	CHATTERJEE, BANDANA AGE & HORMONE DEPENDENT REGULATION OF HEPATIC PROTEIN	09/01/82-06/30/90	OAKLAND UNIVERSITY	122,558
5 R01 AG03542-05	WELLS, THELMA J NURSING INTERVENTIONS: URINE CONTROL IN OLDER WOMEN	03/01/82-02/28/87	UNIVERSITY OF MICHIGAN AT ANN ARBOR	230,752
5 P01 AG03633-04	TS'O, PAUL O CELLULAR AND MOLECULAR STUDY OF DIFFERENTIATION/AGING	08/01/83-07/31/87	JOHNS HOPKINS UNIVERSITY	492,316
5 P01 AG03644-03	JOYNT, ROBERT J CLINICOPATHOLOGIC CORRELATES OF ALZHEIMER'S DISEASE	04/01/84-03/31/87	UNIVERSITY OF ROCHESTER	628,021
5 P01 AG03705-04	BOLLER, FRANCOIS ALZHEIMER AND RELATED DEMENTIAS: A LONGITUDINAL STUDY	03/01/83-02/29/88	UNIVERSITY OF PITTSBURGH	477,777
5 P01 AG03742-04	DIOKNO, ANANIAS C URINARY CONTINENCE AND INCONTINENCE IN THE ELDERLY	02/01/83-01/31/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	216,595
2 R01 AG03764-03A1	DE PAOLO, LOUIS V EFFECTS OF AGING ON THE REGULATION OF FSH SECRETION	09/29/83-06/30/89	UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT	61,182
5 R01 AG03787-04	SHMOOKLER REIS, ROBERT J STRUCTURAL CHANGES IN HUMAN REPETITIVE DNA DURING AGING	02/01/83-01/31/88	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	124,547
5 R01 AG03792-03	JENNINGS, JOHN R ATTENTION, AROUSAL, AND AGING	01/01/84-12/31/86	UNIVERSITY OF PITTSBURGH	87,889
3 R01 AG03794-03S1	WEIBEL-ORLANDO, JOAN C ETHNICITY, CONTINUITY, AND SUCCESSFUL AGING	06/05/86-12/31/86	UNIVERSITY OF SOUTHERN CALIFORNIA	16,100
5 R01 AG03810-03	IDE, BETTY A COPING AND HEALTH AMONG OLDER URBAN WIDOWS	04/01/84-03/31/87	UNIVERSITY OF ARIZONA	45,953
5 R01 AG03827-04	ROGERS, THERESA F SOCIAL AGING AND THE WORK STATUS OF DIALYSIS PATIENTS	09/01/84-08/31/87	COLUMBIA UNIVERSITY NEW YORK	83,015
5 R01 AG03831-04	SCHWARTZ, ARTHUR G DHEA AND CALORIC RESTRICTION: MODIFIERS OF RATE OF AGING	04/01/83-03/31/87	TEMPLE UNIVERSITY	126,214
5 R01 AG03846-03	RUSSELL, DANIEL W PSYCHOSOCIAL FACTORS--HEALTH AND WELL-BEING AND AGING	04/01/84-03/31/87	UNIVERSITY OF IOWA	53,425
5 P01 AG03853-04	BLASS, JOHN P GERIATRIC DEMENTIA RESEARCH CLINIC	06/01/83-05/31/87	BURKE REHABILITATION CTR (WHITE PLNS,NY)	346,459

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1 R01 AG03871-01A2	NYDEGGER, CORINNE N WORK AND FAMILY RELATIONS IN LATER LIFE	02/01/86-01/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	78,839
5 R01 AG03884-05	WRIGHT, BARBARA E COMPUTER ANALYSIS OF AGING IN DICTYOSTELIUM	06/01/82-11/30/89	UNIVERSITY OF MONTANA	197,610
3 R01 AG03884-05S1	WRIGHT, BARBARA E COMPUTER ANALYSIS OF AGING IN DICTYOSTELIUM	06/01/82-11/30/89	UNIVERSITY OF MONTANA	10,900
5 P01 AG03934-05	KAYE, DONALD TNH AWARD	09/29/82-08/31/87	PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP	962,371
5 P01 AG03949-05	WOLFSON, LESLIE I TEACHING NURSING HOME	09/29/82-08/31/87	YESHIVA UNIVERSITY	545,945
5 P01 AG03975-02	TOBIS, JEROME S INTERVENTION EFFECTS--PSYCHOBIOLOGICAL DECLINE IN AGING	02/01/85-01/31/90	UNIVERSITY OF CALIFORNIA IRVINE	748,103
5 R01 AG03978-05	MILLER, RICHARD A AGING EFFECTS ON IL-2 SECRETING HELPER T CELLS	08/01/82-07/31/90	BOSTON UNIVERSITY	157,045
5 P01 AG03990-03	BARRETT-CONNOR, ELIZABETH L TEACHING NURSING HOME PROJECT	05/01/84-04/30/89	UNIVERSITY OF CALIFORNIA SAN DIEGO	527,615
5 P01 AG03991-03	BERG, LEONARD HEALTHY AGING AND SENILE DEMENTIA	01/01/84-12/31/88	WASHINGTON UNIVERSITY	597,273
5 R01 AG04042-04	GOIDL, EDMOND A AGING AND AUTOIMMUNITY	08/01/82-07/31/87	UNIVERSITY OF MARYLAND AT BALTIMORE	108,641
1 R01 AG04043-01A2	MC INTOSH, WILLIAM A SOCIAL SUPPORT, STRESS, THE AGED'S DIET AND NUTRITION	12/01/85-11/30/88	TEXAS AGRI AND MECH UNIV COLLEGE STATION	269,899
5 R01 AG04055-04	WARREN, JOHN W MANAGEMENT OF CHRONIC URINARY CATHETERS IN THE ELDERLY	05/01/83-04/30/87	UNIVERSITY OF MARYLAND AT BALTIMORE	107,312
3 R01 AG04059-03S1	BAKER, SUSAN P FALLS AND FALL INJURIES IN NURSING HOMES	07/01/83-12/31/86	JOHNS HOPKINS UNIVERSITY	18,475
5 R01 AG04070-03	KIYAK, H ASUMAN ADAPTATION AMONG ELDERLY WITH ALZHEIMER'S DISEASE	06/01/84-05/31/88	UNIVERSITY OF WASHINGTON	145,613
2 R01 AG04085-04A1	MURPHY, CLAIRE L CHEMOSENSORY PRECEPTION AND PSYCHOPHYSICS IN THE AGED	09/01/82-06/30/89	SAN DIEGO STATE UNIVERSITY	101,300

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5 R01 AG04092-04	BENGTSON, VERN L A LONGITUDINAL STUDY OF AGING PARENTS	04/01/83-03/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	131,901
5 R01 AG04095-03	MOSSEY, JANA M DETERMINANTS OF RECOVERY AMONG OLDER WOMEN	02/01/84-06/30/86	TEMPLE UNIVERSITY	41,936
2 R01 AG04100-04	FONG, SHERMAN BONE MARROW IN IMMUNOLOGIC AGING AND AUTOIMMUNITY	07/01/83-06/30/90	SCRIPPS CLINIC AND RESEARCH FOUNDATION	84,014
5 R01 AG04119-03	REUNING, RICHARD H EFFECT OF AGING AND GI DISEASE ON DIGOXIN METABOLISM	01/01/84-12/31/86	OHIO STATE UNIVERSITY	100,267
5 R01 AG04139-02	STEWMAN, SHELBY AGING AND LABOR DEMAND	12/01/84-11/30/86	CARNEGIE-MELLON UNIVERSITY	48,853
2 R01 AG04145-04	YEN, SHU-HUI C AGING AND ALZHEIMER DEMENTIA: ROLE OF FIBROUS PROTEIN	05/01/83-04/30/91	YESHIVA UNIVERSITY	166,444
5 R01 AG04171-07	GIBSON, GARY E NEUROTRANSMITTER & ENERGY METABOLISM	09/29/82-08/31/87	BURKE REHABILITATION CTR (WHITE PLNS,NY)	88,884
2 R01 AG04178-04	CLAUSEN, JOHN A OCCUPATION AND FAMILY IN LATER MATURITY	04/01/83-03/31/88	UNIVERSITY OF CALIFORNIA BERKELEY	62,149
2 R01 AG04180-04	KOHLER, HEINZ IDIOTYPE RECOGNIZING T-HELPER CELLS	07/01/83-08/31/91	NEW YORK STATE DEPT OF HEALTH	89,112
3 P01 AG04207-02S1	BRODISH, ALVIN STRESS AND AGING	04/01/84-03/31/87	WAKE FOREST UNIVERSITY	32,217
5 P01 AG04207-03	BRODISH, ALVIN STRESS AND AGING	04/01/84-03/31/87	WAKE FOREST UNIVERSITY	708,105
5 R01 AG04212-04	OWSLEY, CYNTHIA J SPATIAL VISION AND AGING UNDERLYING NEURAL MECHANISMS	04/01/83-03/31/87	UNIVERSITY OF ALABAMA AT BIRMINGHAM	76,822
3 P01 AG04220-03S1	WISNIEWSKI, HENRYK M AGING AND SENILE DEMENTIA OF THE ALZHEIMER TYPE	07/01/83-06/30/87	INSTITUTE FOR BASIC RES IN DEV DISABIL	277,647
5 R01 AG04233-03	KRALL, JAMES F HUMAN AGING-ROLE OF HORMONE SENSITIVITY	04/01/84-03/31/87	UNIVERSITY OF CALIFORNIA LOS ANGELES	64,543
5 R01 AG04238-02	BLUMENTHAL, JAMES A PHYSIOLOGY, COGNITION, AND EXERCISE IN NORMAL ADULTS	08/01/85-07/31/88	DUKE UNIVERSITY	236,475

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5 R01 AG04244-02	PULLARKAT, RAJU K DOLICHOL IN AGING	01/01/85-12/31/87	INSTITUTE FOR BASIC RES IN DEV DISABIL	80,569
5 R01 AG04263-03	ROSSI, ALICE S PARENT-ADULT CHILD RELATIONS IN THREE GENERATIONS	01/01/84-12/31/86	UNIVERSITY OF MASSACHUSETTS AMHERST	92,149
5 R01 AG04278-03	RUBIN, DAVID C AUTOBIOGRAPHICAL MEMORY ACROSS THE ADULT LIFESPAN	01/01/84-12/31/86	DUKE UNIVERSITY	55,441
2 R01 AG04287-04	STEVENS, JOSEPH C CHEMICAL SENES AND AGING	09/01/83-08/31/90	JOHN B. PIERCE FOUNDATION LAB, INC.	139,639
5 R01 AG04303-02	BLIZZARD, ROBERT M THE ROLE OF GROWTH HORMONE IN THE AGING PROCESS	12/01/84-11/30/87	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	185,912
5 R01 AG04306-02	ZACKS, ROSE T AGING, WORKING MEMORY CAPACITY, AND DISCOURSE PROCESSING	07/01/85-06/30/88	MICHIGAN STATE UNIVERSITY	114,473
5 R01 AG04307-04	CHASE, MICHAEL H STATE-DEPENDENT SOMATOMOTOR PROCESSES	04/01/83-03/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	132,807
2 R01 AG04321-04	MOSS, MARK B BASAL FOREBRAIN AND LIMBIC SYSTEM IN AGE-RELATED DISEASE	07/01/83-06/30/91	BOSTON UNIVERSITY	189,697
3 R01 AG04322-01A3S1	LA ROSA, JOHN C METABOLIC EFFECTS OF HORMONE REPLACEMENT/POST-MENOPAUSE	09/30/85-08/31/88	GEORGE WASHINGTON UNIVERSITY	78,250
5 R01 AG04322-02	LA ROSA, JOHN C METABOLIC EFFECTS OF HORMONE REPLACEMENT/POST-MENOPAUSE	09/30/85-08/31/88	GEORGE WASHINGTON UNIVERSITY	451,322
2 R01 AG04337-04	CUNNINGHAM, WALTER R AGE CHANGES IN INTELLECTUAL ABILITIES IN THE ELDERLY	07/01/83-06/30/89	UNIVERSITY OF FLORIDA	42,205
5 P01 AG04342-04	OLDSTONE, MICHAEL B VIROLOGIC AND IMMUNOLOGIC STUDIES ON AGING	08/01/83-07/31/88	SCRIPPS CLINIC AND RESEARCH FOUNDATION	527,613
3 R01 AG04343-02S1	GERMAN, PEARL S DRUG SIDE EFFECTS AND FUNCTIONAL CAPACITY IN THE ELDERLY	07/01/84-11/30/86	JOHNS HOPKINS UNIVERSITY	15,800
5 R01 AG04344-03	PORTER, JOHN C AGING AND MOLECULAR NEUROENDOCRINE IMPAIRMENT	01/01/84-12/31/86	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	158,354
5 R01 AG04351-02	HUANG, HENRY HIVE-HO HYPOTHALAMIC TRANSPLANT/NEUROENDOCRINE FUNCTION AGING	01/01/85-12/31/87	MERCY HOSPITAL AND MED CTR (CHICAGO)	74,790

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2 R01 AG04360-04	FARR, ANDREW G AGE DEPENDENT MODULATION OF T-CELL FUNCTION	07/01/83-06/30/90	UNIVERSITY OF WASHINGTON	156,262
5 R01 AG04361-03	GUPTA, SUDHIR CELLULAR AND MOLECULAR INTERACTIONS IN AGING HUMANS	04/01/84-03/31/87	UNIVERSITY OF CALIFORNIA IRVINE	140,952
5 R01 AG04362-03	ROSE, NOEL R THYMUS FUNCTION, AGING, AND AUTOIMMUNITY	04/01/84-03/31/87	JOHNS HOPKINS UNIVERSITY	93,873
3 R01 AG04366-03S1	MAGAZINER, JAY AGED LIVING ALONE: MEDICAL & PSYCHIATRIC CONSEQUENCES	09/01/83-03/31/87	UNIVERSITY OF MARYLAND AT BALTIMORE	167,295
5 R01 AG04367-03	SPILERMAN, SEYMOUR AGE AND DURATION EFFECTS ON CAREER CONTINGENCIES	06/01/84-05/31/87	COLUMBIA UNIVERSITY NEW YORK	141,082
5 R01 AG04384-04	HAAR, JACK L THE STEM CELL - THYMUS AXIS	04/01/83-03/31/88	VIRGINIA COMMONWEALTH UNIVERSITY	113,569
5 P01 AG04390-04	ROWE, JOHN W HRCA/HARVARD RESEARCH NURSING HOME	09/29/83-08/31/88	HEBREW REHABILITATION CENTER FOR AGED	552,231
5 P01 AG04391-04	FORD, AMASA B TEACHING NURSING HOME AWARD	09/29/83-08/31/88	CASE WESTERN RESERVE UNIVERSITY	355,909
5 P01 AG04393-02	WARREN, JOHN W COMPLICATIONS OF LONG-TERM URINARY CATHETERS IN THE AGED	12/01/84-11/30/87	UNIVERSITY OF MARYLAND AT BALTIMORE	563,110
5 P01 AG04402-04	ZIEVE, PHILIP D ACADEMIC NURSING HOME	09/29/83-08/31/88	JOHNS HOPKINS UNIVERSITY	775,576
5 P01 AG04418-03	HOFFER, BARRY J PHARMACOLOGICAL SUBSTRATES IN AGING	03/01/84-02/29/88	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	353,098
5 P01 AG04419-03	WALFORD, ROY L HISTOCOMPATIBILITY SYSTEMS AND AGING	08/01/84-07/31/89	UNIVERSITY OF CALIFORNIA LOS ANGELES	663,452
5 P01 AG04458-02	REAVEN, GERALD M MULTIDISCIPLINARY STUDY OF GERIATRIC CHRONIC HEALTH CARE	03/01/85-02/28/90	STANFORD UNIVERSITY	583,307
5 R01 AG04460-02	ANDORN, ANNE C THE EFFECT OF AGE ON DOPAMINE RECEPTOR REGULATION	12/01/84-11/30/86	CASE WESTERN RESERVE UNIVERSITY	62,780
5 R01 AG04491-02	ZWILLICH, CLIFFORD W SLEEP APNEA-HYPOPNEA ANATOMY AND VENTILATORY CONTROL	01/01/85-12/31/88	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	113,786

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2 R01 AG04503-02	FRIEDBERGER, MARK W FARM FAMILY INTERGENERATIONAL RELATIONS	09/01/84-06/30/87	UNIVERSITY OF ILLINOIS AT CHICAGO	63,635
5 R01 AG04512-03	GROWDON, JOHN H NUCLEAR MAGNETIC RESONANCE IN BRAIN AGING AND DEMENTIA	01/01/84-12/31/86	MASSACHUSETTS GENERAL HOSPITAL	143,924
5 R01 AG04517-03	WINGFIELD, ARTHUR AGE AND DECISION STRATEGIES IN RUNNING MEMORY FOR SPEECH	04/01/84-03/31/87	BRANDEIS UNIVERSITY	67,287
5 R01 AG04518-03	HUI, SIU LUI LONGITUDINAL STUDIES OF BONE LOSS IN AGING	02/01/84-01/31/87	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	88,918
5 R01 AG04520-02	RICHARDSON, ARLAN G EFFECT OF AGING ON GENE EXPRESSION	12/01/84-11/30/87	ILLINOIS STATE UNIVERSITY	58,521
5 R01 AG04522-02	MAROTTA, CHARLES A AGING OF MRNA IN NORMAL AND ALZHEIMER'S DISEASE BRAINS	12/01/84-11/30/87	MC LEAN HOSPITAL (BELMONT, MA)	298,089
5 R01 AG04529-03	COOPER, DERMOT M ADRENERGIC CONTROL OF ADENYLATE CYCLASE IN AGING	02/01/84-01/31/87	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	73,212
5 R01 AG04542-03	LANDFIELD, PHILIP W HIPPOCAMPAL SYNAPTIC STRUCTURE-PHYSIOLOGY DURING AGING	01/01/84-12/31/86	WAKE FOREST UNIVERSITY	66,285
5 R01 AG04545-03	MAN, EUGENE H STUDY OF D-ASPARTATE ACCUMULATION IN AGING BRAIN	01/01/84-12/31/86	UNIVERSITY OF MIAMI	120,121
5 R01 AG04561-03	KITSON, GAY C WIDOWS AND DIVORCEES--LIFE COURSE PATTERNS IN ADJUSTMENT	07/01/84-06/30/87	CASE WESTERN RESERVE UNIVERSITY	195,477
5 R01 AG04563-03	MC CLEARN, GERALD E GENETIC AND ENVIRONMENTAL INFLUENCES IN BEHAVIORAL AGING	01/01/84-12/31/86	PENNSYLVANIA STATE UNIVERSITY PARK	183,519
5 R01 AG04569-02	RUBEN, FREDERICK L EPIDEMIOLOGY OF INFECTIONS IN AMBULATORY ELDERLY	09/30/85-08/31/88	MONTEFIORE HOSPITAL (PITTSBURGH)	135,932
5 R01 AG04572-03	GALLAGHER, DOLORES E ENHANCING CAREGIVERS CAPACITY TO CARE FOR FRAIL ELDERS	04/01/84-03/31/89	U.S. VETS ADMIN MED CTR (PALO ALTO)	89,695
5 R01 AG04577-02	LITWAK, EUGENE CHANGING TASKS OF NETWORKS OVER LIFE CYCLE OF ELDERLY	06/01/85-05/31/87	COLUMBIA UNIVERSITY NEW YORK	154,948
5 R01 AG04579-03	PALUMBO, FRANCIS B ANTIMICROBIAL USE IN MARYLAND NURSING HOMES	08/01/84-07/31/87	UNIVERSITY OF MARYLAND AT BALTIMORE	61,299

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5 R01 AG04581-02	BASHORE, THEODORE R, JR AGE, PHYSICAL FITNESS, AND INFORMATION PROCESSING SPEED	08/01/85-07/31/87	MEDICAL COLLEGE OF PENNSYLVANIA	137,517
5 R01 AG04586-03	OUSLANDER, JOSEPH G GERIATRIC URINARY INCONTINENCE	03/01/84-08/31/86	UNIVERSITY OF CALIFORNIA LOS ANGELES	32,717
2 P30 AG04590-03	CLUBB, JEROME M FACTORS IN AGING: DEVELOPMENT OF RESEARCH RESOURCES	02/01/84-04/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	296,245
5 R01 AG04591-02	WURTMAN, JUDITH J NUTRIENT CHOICE AND BEHAVIORAL RESPONSES WITH AGING	12/01/84-11/30/87	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	178,829
5 R01 AG04594-03	STANSKI, DONALD R NARCOTICS AND THE AGED SURGICAL PATIENT	01/01/84-12/31/86	STANFORD UNIVERSITY	65,052
5 R01 AG04598-03	TENNEY, JAMES H EPIDEMIOLOGY OF INFECTIONS IN NURSING HOME PATIENTS	02/01/84-01/31/87	UNIVERSITY OF MARYLAND AT BALTIMORE	150,189
5 R01 AG04603-02	FRANSON, TIMOTHY R EVALUATION FOR INFECTION RISK IN GERIATRIC CARE SETTINGS	06/01/85-05/31/88	MEDICAL COLLEGE OF WISCONSIN	87,127
5 R01 AG04612-03	BOGDEN, JOHN D EFFECT OF ZINC ON IMMUNOCOMPETENCE IN THE ELDERLY	07/01/84-06/30/87	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	121,299
5 R01 AG04622-03	GERALD, MICHAEL C AGING BLADDER--AUTONOMIC SENSITIVITY CHANGES/MECHANISMS	01/01/84-06/30/87	OHIO STATE UNIVERSITY	157,674
5 R01 AG04623-02	BUSCHKE, HERMAN MEMORY AND COGNITION IN ALZHEIMER'S DISEASE AND AGING	12/01/84-11/30/87	YESHIVA UNIVERSITY	171,836
2 R44 AG04647-02A1	CZAJA, SARA J WORD PROCESSING TRAINING FOR OLDER WORKERS: PHASE 11	05/08/86-04/30/88	ADVANCED AUTOMATION CONCEPTS, INC.	244,468
5 R01 AG04661-04	HORTON, WILLIAM A PATHOLOGIC STUDIES IN A HUMAN MODEL OF OSTEOARTHROSIS	07/01/83-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	76,036
5 P01 AG04673-02	MC KINLAY, SONJA M HEALTH AND EFFECTIVE FUNCTIONING IN THE NORMALLY AGING	09/30/85-08/31/90	AMERICAN INSTITUTES FOR RESEARCH	1,057,586
5 R01 AG04711-03	LEVER, JULIA E DIFFERENTIATION OF RENAL EPITHELIAL CELLS IN CULTURE	04/01/84-03/31/87	UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON	117,353
5 R01 AG04719-02	JOPE, RICHARD S CHOLINERGIC ACTIVITY IN ALZHEIMER'S DISEASE	01/01/85-12/31/87	UNIVERSITY OF ALABAMA AT BIRMINGHAM	61,855

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5 P01 AG04727-05	GALLOP, PAUL M AGING CELL AND TISSUES	05/01/78-04/30/88	CHILDREN'S HOSPITAL (BOSTON)	507,629
5 R01 AG04736-03	THONAR, EUGENE J-M AGE-RELATED DIFFERENCES IN CARTILAGE PROTEOGLYCANS	04/01/84-03/31/87	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CTR	86,326
5 R01 AG04749-04	SMITH, JAMES R SENESCENCE FACTOR IDENTITY: PROTEIN MRNA & GENOMIC DNA	09/01/83-08/31/88	BAYLOR COLLEGE OF MEDICINE	190,779
5 R01 AG04753-02	PARKENING, TERRY A EFFECTS OF PATERNAL AGE ON REPRODUCTION	12/01/84-11/30/87	UNIVERSITY OF TEXAS MED BR GALVESTON	57,043
5 R01 AG04761-03	SNOW, ERNEST C B-CELL FUNCTION OF TNP-ABC PURIFIED FROM AGING MODEL	04/01/84-03/31/87	UNIVERSITY OF KENTUCKY	93,848
5 R01 AG04762-03	MICHAELIS, MARY L EFFECTS OF AGING ON SYNAPTIC MEMBRANE CA 2+ TRANSPORT	06/01/84-05/31/87	UNIVERSITY OF KANSAS LAWRENCE	57,950
5 R01 AG04770-03	SCHAIE, K WARNER LONGITUDINAL STUDIES OF ADULT COGNITIVE DEVELOPMENT	09/01/84-08/31/87	PENNSYLVANIA STATE UNIVERSITY PARK	122,776
5 R01 AG04785-03	PFEFFER, ROBERT I EARLY DIAGNOSIS OF SENILE DEMENTIA--SDAT	07/01/84-06/30/87	UNIVERSITY OF CALIFORNIA IRVINE	201,107
5 R01 AG04791-03	NEBES, ROBERT D SEMANTIC MEMORY IN ALZHEIMER'S DISEASE	04/01/84-03/31/87	UNIVERSITY OF PITTSBURGH	82,880
5 R01 AG04810-03	LU, JOHN K HORMONE SECRETION AND PREGNANCY DURING AGING	04/01/84-03/31/87	UNIVERSITY OF CALIFORNIA LOS ANGELES	111,489
5 R01 AG04811-04	STEIN, GRETCHEN H CONTROL OF CELL PROLIFERATION IN HUMAN CELLS	09/29/83-08/31/88	UNIVERSITY OF COLORADO AT BOULDER	37,370
5 R01 AG04821-03	OZER, HARVEY L IMMORTALIZATION OF SV40-TRANSFORMED HUMAN CELLS	09/01/84-08/31/87	HUNTER COLLEGE	126,150
5 P01 AG04860-03	THORBECKE, GEERTRUIDA J EFFECT OF AGING ON THE IMMUNE RESPONSE	08/01/84-07/31/87	NEW YORK UNIVERSITY	561,115
1 P01 AG04861-01A2	LEVINE, ELLIOT M STUDIES OF HUMAN ENDOTHELIAL CELLS OF DIVERSE ORIGIN	12/01/85-11/30/90	WISTAR INSTITUTE OF ANATOMY AND BIOLOGY	694,484
2 R44 AG04867-02	COLVIN, DAVID P FALL INJURY PREVENTION SYSTEM FOR THE AGED	09/04/86-08/31/88	TRIANGLE RESEARCH AND DEVELOPMENT CORP	329,240

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5 P01 AG04875-03	RIGGS, BYRON L PHYSIOLOGY OF BONE METABOLISM IN AN AGING POPULATION	09/01/84-08/31/89	MAYO FOUNDATION	626,184
5 P01 AG04877-02	FEATHERMAN, DAVID L INDIVIDUAL AGING	02/01/85-01/31/88	UNIVERSITY OF WISCONSIN MADISON	500,011
5 R01 AG04884-03	SHAPIRO, EUGENE D CLINICAL EFFICACY OF PNEUMOCOCCAL VACCINE IN THE ELDERLY	09/01/84-08/31/87	YALE UNIVERSITY	200,618
5 R01 AG04889-02	PARK, JANIE C AGE-RELATED CHANGES IN THE VESTIBULAR LABYRINTH	05/01/85-04/30/88	FLORIDA INSTITUTE OF TECHNOLOGY	58,941
5 R01 AG04894-03	LABOUVIE-VIEF, GISELA COGNITION AND SELF-REGULATION IN ADULTHOOD AND AGING	07/01/84-06/30/87	WAYNE STATE UNIVERSITY	144,838
5 R01 AG04895-02	ECKERT, J KEVIN UNLICENSED BOARD/CARE HOMES AND ELDERS' WELL-BEING	05/01/85-04/30/88	CASE WESTERN RESERVE UNIVERSITY	142,005
5 R01 AG04896-02	MATTHEWS, SARAH H STRENGTH OF TIES WITH HIGH SCHOOL CLASSMATES IN OLD AGE	09/30/85-08/31/87	CASE WESTERN RESERVE UNIVERSITY	33,567
5 R23 AG04897-02	DANIELS, CHRISTOPHER K EFFECTS OF AGING ON THE HEPATOBILIARY METABOLISM OF IGA	05/01/85-04/30/88	UNIVERSITY OF CALIFORNIA DAVIS	43,198
1 R01 AG04907-01A1	ESPOSITO, ANTHONY L AGING AND LUNG HOST DEFENSE IN PNEUMOCOCCAL PNEUMONIA	12/01/85-11/30/88	UNIVERSITY HOSPITAL (BOSTON)	73,044
5 R01 AG04908-02	COX, ROBERT H AGING AND ARTERIAL SMOOTH MUSCLE PHARMACOLOGY	09/30/85-08/31/88	GRADUATE HOSPITAL (PHILADELPHIA)	229,622
5 R01 AG04915-02	HAYWARD, MARK D DIMENSIONS OF THE WORK ROLE AND THE RETIREMENT DECISION	12/01/84-11/30/86	BATTELLE MEMORIAL INSTITUTE	100,879
5 R01 AG04922-03	GAIDE, MARION S TASK BASED ASSESSMENT OF FUNCTIONAL ABILITY IN THE AGED	08/01/84-07/31/87	MIAMI JEWISH HOME AND HOSPITAL FOR AGED	155,993
2 R01 AG04924-03	ZAUTRA, ALEX J LIFE EVENTS & DEMORALIZATION IN THE ELDERLY	09/30/86-09/29/87	ARIZONA STATE UNIVERSITY	69,419
5 R01 AG04932-02	SMITH, JAMES C THE AGE-RELATED EFFECT OF THE SWEET TASTE IN THE RAT	12/01/84-11/30/87	FLORIDA STATE UNIVERSITY	83,369
5 R01 AG04939-02	FLOOD, JAMES F ANIMAL MODEL--DRUG THERAPY OF SENILE AMNESIAS	08/01/85-07/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	49,966

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1 P01 AG04948-01A1	MC CLEARN, GERALD E MULTIPLE BIOMARKERS OF AGING: A GENETIC MODEL	08/01/86-07/31/90	PENNSYLVANIA STATE UNIVERSITY PARK	566,334
5 R01 AG04951-03	TONINO, RICHARD P PHYSICAL TRAINING ON INSULIN RESISTANCE OF AGING	07/01/84-06/30/87	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	38,219
5 P01 AG04953-03	ALBERT, MARILYN S AGING AND COGNITION IN HEALTHY AND DISEASE STATES	08/01/84-07/31/87	MASSACHUSETTS GENERAL HOSPITAL	250,721
5 R01 AG04954-03	EAVES, LINDON J GENETIC MODELS OF DEVELOPMENT AND AGING	07/01/84-06/30/88	VIRGINIA COMMONWEALTH UNIVERSITY	68,723
5 R01 AG04956-03	SAUDER, DANIEL N IMMUNOREGULATORY EPIDERMAL FACTORS IN AGING	09/01/84-08/31/87	MC MASTER UNIVERSITY	31,805
1 R01 AG04959-01A2	MC GINN, MICHAEL D CORTICAL EFFECTS OF HEARING LOSS IN AGING	01/01/86-12/31/88	UNIVERSITY OF CALIFORNIA DAVIS	131,584
5 R01 AG04969-03	SATARIANO, WILLIAM A HEALTH AND FUNCTIONING IN OLDER WOMEN WITH BREAST CANCER	07/01/84-06/30/87	MICHIGAN CANCER FOUNDATION	136,017
5 R01 AG04978-02	FEDSON, DAVID S HOSPITAL-BASED PNEUMOCOCCAL AND INFLUENZA IMMUNIZATION	09/30/85-08/31/87	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	64,138
5 R01 AG04980-26	THORBECKE, GEERTRUIDA J LYMPHOID CELLS PRODUCTION OF ANTIBODIES	04/01/84-03/31/89	NEW YORK UNIVERSITY	213,089
2 R01 AG04984-02	RIKANS, LORA E INFLUENCE OF AGING ON HEPATOTOXICITY	09/01/86-08/31/88	UNIVERSITY OF OKLAHOMA HLTH SCIENCES CTR	71,428
5 R01 AG04992-02	SCHACHER, SAMUEL M REDUCED SYNAPTOGENESIS IN THE ADULT CNS	12/01/84-11/30/87	NEW YORK STATE PSYCHIATRIC INSTITUTE	61,946
5 R01 AG04993-02	BALIN, ARTHUR K DOES OXIDATIVE DAMAGE CONTRIBUTE TO THE AGING PROCESS	09/30/85-08/31/88	ROCKEFELLER UNIVERSITY	172,129
5 R01 AG05004-02	JONES, ERVIN E NEUROENDROCINE BASIS OF AGE-RELATED REPRODUCTIVE FAILURE	12/01/84-11/30/87	YALE UNIVERSITY	126,193
5 R01 AG05007-03	POLGAR, PETER R IN VIVO CELLULAR AGING OF THE AORTA	08/01/84-07/31/87	BOSTON UNIVERSITY	126,780
5 R01 AG05073-02	KAYSER-JONES, VIRGENE S TREATMENT OF ACUTE ILLNESS IN NURSING HOMES	09/01/85-08/31/88	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	154,976

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1 R01 AG05082-01A2	RICHARDSON, DANIEL R AGING EFFECTS ON CAPILLARY BLOOD FLOW IN HUMAN SKIN	08/01/86-07/31/89	UNIVERSITY OF KENTUCKY	81,188
5 R01 AG05091-02	KORBIN, JILL E ABUSE OF ELDER PARENTS IN THE HOME	09/30/85-08/31/87	CASE WESTERN RESERVE UNIVERSITY	70,456
5 R01 AG05107-02	CRIMMINS, EILEEN M IMPROVEMENT IN MORTALITY AND BETTER HEALTH	02/01/85-07/31/86	UNIVERSITY OF SOUTHERN CALIFORNIA	48,725
2 R01 AG05107-03	CRIMMINS, EILEEN M DOES IMPROVEMENT IN MORTALITY MEAN BETTER HEALTH?	02/01/85-07/31/88	UNIVERSITY OF SOUTHERN CALIFORNIA	81,316
5 R01 AG05110-02	MADDEN, DAVID J ADULT AGE DIFFERENCES IN COMPONENT PROCESSES OF READING	12/01/84-11/30/87	DUKE UNIVERSITY	85,416
5 P01 AG05119-02	MARKESBERY, WILLIAM R BIOCHEMICAL/MORPHOLOGICAL STUDIES/ALZHEIMER'S DISEASE	12/01/84-11/30/88	UNIVERSITY OF KENTUCKY	463,200
5 R01 AG05120-02	SVARSTAD, BONNIE L PREDICTING THE USE OF SLEEP MEDICATIONS IN NURSING HOMES	09/30/85-08/31/88	UNIVERSITY OF WISCONSIN MADISON	88,164
5 P50 AG05128-02	ROSES, ALLEN D ALZHEIMER DISEASE RESEARCH CENTER	09/30/85-09/29/90	DUKE UNIVERSITY	968,108
5 P50 AG05131-03	KATZMAN, ROBERT ALZHEIMER'S DISEASE RESEARCH CENTER	09/28/84-08/31/89	UNIVERSITY OF CALIFORNIA SAN DIEGO	949,979
5 P50 AG05133-02	BOLLER, FRANCOIS ALZHEIMER DISEASE RESEARCH CENTER	09/30/85-09/29/90	UNIVERSITY OF PITTSBURGH	1,211,585
3 P50 AG05134-02S1	GROWDON, JOHN H ALZHEIMER'S DISEASE RESEARCH CENTER	09/28/84-08/31/89	HARVARD UNIVERSITY	118,157
5 P50 AG05134-02	GROWDON, JOHN H ALZHEIMER'S DISEASE RESEARCH CENTER	09/28/84-08/31/89	HARVARD UNIVERSITY	1,187,235
5 P50 AG05136-02	MARTIN, GEORGE M ALZHEIMER DISEASE RESEARCH CENTER	09/30/85-09/29/90	UNIVERSITY OF WASHINGTON	1,275,047
5 P50 AG05138-03	DAVIS, KENNETH L ALZHEIMER'S DISEASE RESEARCH CENTER	09/28/84-08/31/89	MOUNT SINAI SCHOOL OF MEDICINE	632,598
3 P50 AG05142-02S1	FINCH, CALEB E ALZHEIMER'S DISEASE RESEARCH CENTER CONSORTIUM	09/28/84-08/31/89	UNIVERSITY OF SOUTHERN CALIFORNIA	24,427

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5 P50 AG05142-03	FINCH, CALEB E ALZHEIMER'S DISEASE RESEARCH CENTER	09/28/84-08/31/89	UNIVERSITY OF SOUTHERN CALIFORNIA	627,002
5 P50 AG05144-02	MARKESBERY, WILLIAM R ALZHEIMER DISEASE RESEARCH CENTER	09/30/85-09/29/90	UNIVERSITY OF KENTUCKY	365,500
5 P50 AG05146-03	PRICE, DONALD L AGING AND ALZHEIMER'S DISEASE--CLINICAL & BASIC RESEARCH	09/28/84-08/31/89	JOHNS HOPKINS UNIVERSITY	970,170
1 R01 AG05150-01A1	WEILER, PHILIP G ADULT CHILD CARETAKERS DEPENDENT PARENTS PROCESS STUDY	12/01/85-11/30/88	UNIVERSITY OF CALIFORNIA DAVIS	139,932
5 R01 AG05153-02	SOLDO, BETH J HEALTH, KIN NETWORKS, AND LIVING ARRANGEMENTS OF AGING	01/01/85-12/31/86	GEORGETOWN UNIVERSITY	113,650
5 R01 AG05154-02	STELMACH, GEORGE E MOVEMENT PARAMETERIZATION DEFICITS WITH AGE	01/01/85-12/31/87	UNIVERSITY OF WISCONSIN MADISON	59,029
5 R01 AG05168-02	ROGERS, ANDREI MIGRATION OF THE ELDERLY MULTINATIONAL COMPARATIVE STUDY	12/01/84-11/30/86	UNIVERSITY OF COLORADO AT BOULDER	167,470
5 R01 AG05169-02	KIRASIC, KATHLEEN C AGING AND SPATIAL COGNITION	05/01/85-04/30/86	OLD DOMINION UNIVERSITY	54,372
5 U01 AG05170-03	FANTL, JOHN A BEHAVIORAL THERAPY FOR URINARY INCONTINENCE IN FEMALES	09/28/84-08/31/89	VIRGINIA COMMONWEALTH UNIVERSITY	279,807
5 R01 AG05181-02	BERKANOVIC, EMIL PSYCHOSOCIAL FACTORS IN THE AGED'S USE OF HMO SERVICES	09/30/85-08/31/88	MAXICARE RESEARCH AND EDUCATION FDN	422,422
5 R01 AG05200-02	SALTZ, ELI AGING, MEMORY AND PROCESSING FOR MEANING	05/01/85-04/30/88	WAYNE STATE UNIVERSITY	92,238
5 R23 AG05202-02	DALSKY, GAIL P EXERCISE AND BONE DENSITY IN POSTMENOPAUSAL WOMEN	03/01/85-02/29/88	WASHINGTON UNIVERSITY	50,552
5 R01 AG05204-02	RUBINSTEIN, ROBERT L ETHNICITY AND LIFE REORGANIZATION BY ELDERLY WIDOWERS	08/01/85-07/31/88	PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP	86,200
1 R01 AG05206-01A1	ANTONOVSKY, AARON RETIREMENT, COPING AND HEALTH: A LONGITUDINAL STUDY	03/01/86-02/28/89	BEN-GURION UNIVERSITY OF THE NEGEV	93,962
1 R01 AG05213-01A2	FRIEDMAN, DAVID EFFECTS OF AGING ON COGNITIVE ERPD/CARDIAC WAVEFFECT	05/01/86-04/30/87	NEW YORK STATE PSYCHIATRIC INSTITUTE	106,591

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3 R01 AG05214-02	ELLIS, JOHN RESPONSES OF SUBPOPULATIONS OF MUSCARINIC RECEPTORS	02/01/85-01/31/88	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	95,125
5 R01 AG05223-02	WARREN, WILLIAM H, JR AGE-RELATED CHANGES IN THE VISUAL CONTROL OF LOCOMOTION	06/01/85-05/31/88	BROWN UNIVERSITY	102,665
1 R01 AG05237-01A2	KENNEDY, RICHARD H SENSITIVITY TO DIGITALIS-INDUCED ARRHYTHMIAS IN AGING	08/01/86-07/31/89	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	99,284
5 R01 AG05238-02	YOUNG, VERNON R ZINC AND COPPER METABOLISM IN THE ELDERLY	06/01/85-05/31/89	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	174,901
5 R23 AG05239-02	NIKAIDO, ARLENE M AGE-RELATED CHANGES IN SENSITIVITY TO BENZODIAZEPINES	12/01/84-11/30/87	DUKE UNIVERSITY	46,678
5 R01 AG05240-02	YOSHIKAWA, THOMAS T RELATIONSHIP OF AGING, FEVER AND CELL MEDIATED IMMUNITY	02/01/85-01/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	69,489
5 R23 AG05245-02	WEINERT, CLARANN SOCIAL SUPPORT--NURSING AND LONG-TERM ILLNESS	08/01/85-07/31/88	MONTANA STATE UNIVERSITY	45,785
5 R01 AG05248-02	YOUNG, ROSALIE F MENTAL HEALTH, ADAPTATION AND CARE OF AGED	12/01/84-11/30/87	WAYNE STATE UNIVERSITY	155,689
5 U01 AG05260-03	BURNS, PATRICIA A STRESS OR MIXED INCONTINENCE--A BEHAVIORAL INTERVENTION	09/28/84-08/31/88	STATE UNIVERSITY OF NEW YORK AT ALBANY	157,504
5 U01 AG05267-02	O'DONNELL, PAT D BIOFEEDBACK THERAPY OF URINARY INCONTINENCE IN THE AGED	01/01/85-12/31/87	UNIVERSITY OF ARKANSAS MED SCIS LTL ROCK	135,286
3 U01 AG05268-02S1	HU, TEH-WEI COST EFFECTIVENESS EVALUATION OF BLADDER TRAINING	09/28/84-08/31/86	PENNSYLVANIA STATE UNIVERSITY PARK	37,692
5 U01 AG05268-03	HU, TEH-WEI COST EFFECTIVENESS EVALUATION OF BLADDER TRAINING	09/28/84-08/31/87	PENNSYLVANIA STATE UNIVERSITY PARK	429,874
3 U01 AG05270-02S1	SCHNELLE, JOHN F BEHAVIORAL MANAGEMENT OF URINARY INCONTINENCE	09/28/84-08/31/87	MIDDLE TENNESSEE STATE UNIVERSITY	46,303
5 U01 AG05270-03	SCHNELLE, JOHN F BEHAVIORAL MANAGEMENT OF URINARY INCONTINENCE	09/28/84-08/31/87	MIDDLE TENNESSEE STATE UNIVERSITY	240,299
1 R01 AG05284-01A1	DAVIS, MARADEE A LIVING ARRANGEMENTS & DIETARY STATUS U S ADULTS	02/01/86-01/31/89	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	172,957

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5 R23 AG05290-02	HORTON, JURETA WHITFILL AGING AND THE MYOCARDIAL RESPONSE TO BURN INJURY	09/30/85-08/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	45,429
5 R01 AG05304-02	WILLIS, SHERRY L LONG-TERM EFFECTS OF COGNITIVE TRAINING IN THE ELDERLY	06/01/85-05/31/88	PENNSYLVANIA STATE UNIVERSITY PARK	175,740
5 F32 AG05307-02	BRISKI, KAREN P SECRETION OF REPRODUCTIVE HORMONES AND AGING	07/01/86- / /	STATE UNIVERSITY OF NEW YORK AT BUFFALO	27,000
5 R01 AG05309-02	EFFROS, RITA B LYMPHOCYTES AS AN IN VITRO MODEL OF SENESCENCE	09/30/85-08/31/88	UNIVERSITY OF CALIFORNIA LOS ANGELES	120,578
5 R23 AG05317-02	WOOLLACOTT, MARJORIE H AGE RELATED CHANGES IN POSTURE AND MOVEMENT PREPARATION	06/01/85-05/31/88	UNIVERSITY OF OREGON	45,334
5 R01 AG05322-02	MADDOX, GEORGE L DATA RESOURCES FOR SECONDARY ANALYSIS	08/01/85-06/30/87	DUKE UNIVERSITY	19,973
5 R01 AG05324-02	REISER, KAREN M COLLAGEN CROSSLINKS/TISSUE MARKERS OF COMPARATIVE AGING	05/01/85-04/30/88	UNIVERSITY OF CALIFORNIA DAVIS	59,416
5 F32 AG05326-03	MOBBS, CHARLES V AGE CHANGES IN ESTRADIOL-REGULATED HYPOTHALAMIC FUNCTION	02/21/86- / /	ROCKEFELLER UNIVERSITY	24,996
5 R01 AG05333-02	PEREIRA-SMITH, OLIVIA M A GENETIC ANALYSIS OF INDEFINITE DIVISION IN HUMAN CELLS	05/01/85-04/30/88	BAYLOR COLLEGE OF MEDICINE	87,787
5 F32 AG05334-02	MORRIS, GEORGE S CARDIOVASCULAR ADAPTATIONS TO EXERCISE IN AGING RATS	07/01/86- / /	UNIVERSITY OF CALIFORNIA IRVINE	20,004
5 F32 AG05335-03	MASTERS, JEFFREY N REPRODUCTIVE NEUROENDOCRINE AGING AND GENOMIC EXPRESSION	07/23/86- / /	UNIVERSITY OF SOUTHERN CALIFORNIA	24,996
5 F32 AG05340-02	ROSENHEIMER, JULIE L AGING OF NEUROMUSCULAR BASAL LAMINA COMPONENTS	03/01/86- / /	UNIVERSITY OF WISCONSIN MADISON	20,004
5 F32 AG05345-02	GREEN, EDWARD J EXPERIENCE/HIPPOCAMPUS/SPATIAL BEHAVIOR IN AGING RATS	04/22/86- / /	UNIVERSITY OF COLORADO AT BOULDER	20,004
5 F32 AG05346-02	ALLEN, ROBERT G EFFECTS OF OXIDATIVE STRESS IN CULTURED FIBROBLASTS	03/25/86- / /	ROCKEFELLER UNIVERSITY	24,996
5 F32 AG05348-02	CAMAC, MARY K AGING AND DISCOURSE PROCESSING: INFERENCE GENERATION	08/01/86- / /	TEMPLE UNIVERSITY	20,004

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5 R01 AG05348-02	JOHNSON, COLLEEN L MARITAL INSTABILITY AND FAMILY TIES IN LATER LIFE	05/01/85-04/30/87	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	109,131
2 R01 AG05350-02	REIVICH, MARTIN CBF & METABOLISM IN AGING AND DEMENTIA	09/30/85-08/31/88	UNIVERSITY OF PENNSYLVANIA	216,542
3 F32 AG05352-02S1	FREEMAN, GARY B STRESS - NEUROTRANSMITTER INTERACTIONS IN AGING AND HYPO	07/01/86- / /	BURKE REHABILITATION CTR (WHITE PLNS,NY)	5,499
5 F32 AG05354-02	ERICKSON, KENNETH R EVENT-RELATED POTENTIAL CHANGES IN MEMORY DYSFUNCTION	07/01/86- / /	GOOD SAMARITAN HOSP & MED CTR(PRTLND,OR)	29,004
5 F33 AG05355-02	PALMORE, ERDMAN B GERIATRIC ASSESSMENT AND OUTCOME IN LTC FACILITIES	09/01/86- / /	DUKE UNIVERSITY	33,000
1 R01 AG05362-01A1	EVANS, DENIS A EPIDEMIOLOGY OF ALZHEIMER'S DISEASE IN A TOTAL COMMUNITY	05/01/86-04/30/89	BRIGHAM AND WOMEN'S HOSPITAL	316,260
1 F32 AG05365-01A1	CULPEPPER-MORGAN, JOAN A AGING AND OPOID RECEPTORS IN THE GUT	01/31/87- / /	ST. LUKE'S-ROOSEVELT INST FOR HLTH SCI	27,000
1 R01 AG05366-01A1	WITKIN, JOAN W AGING LHRH SYSTEM/EM IMMUNOCYTOCHEMICAL STUDIES	12/01/85-11/30/88	COLUMBIA UNIVERSITY NEW YORK	89,198
5 F32 AG05366-02	SIEGEL, NEAL A AGING & ATTENTUATION OF RENAL SECOND MESSENGER RESPONSE	03/01/86- / /	ST. LOUIS UNIVERSITY	24,996
5 F32 AG05370-02	CLARKSON-SMITH, LOUISE M RELATIONSHIP OF LIFE-STYLE TO COGNITION IN OLDER ADULTS	09/01/86- / /	SCRIPPS COLLEGE	24,996
5 F32 AG05373-02	PERLMUTTER, LYNN S CAPAIN LOCALIZATION RAT AGED AND ALZHEIMER'S BRAINS	10/01/86- / /	UNIVERSITY OF CALIFORNIA IRVINE	24,996
2 R01 AG05374-02	SZAKAL, ANDRAS K ROLE OF ANTIGEN TRANSPORT BY DENDRITIC CELLS IN AGING	09/30/85-08/31/88	VIRGINIA COMMONWEALTH UNIVERSITY	83,302
5 F32 AG05376-02	ROACH, DEBORAH A THEORETICAL POPULATION GENETICS OF SENESCENCE	09/01/86- / /	DUKE UNIVERSITY	24,996
5 F32 AG05378-02	SMITH, STANLEY D LANGUAGE DISORDERS IN ALZHEIMER'S DISEASE	10/01/86- / /	UNIVERSITY OF CALIFORNIA SAN DIEGO	20,004
1 F32 AG05384-01A1	SILVERMAN, WILLIAM F PLASTICITY OF NEURONAL INTERACTIONS IN SUPRAOPTIC NUCLEI	03/30/87- / /	UNIVERSITY OF ROCHESTER	20,004

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1 R01 AG05384-01A1	TAUBMAN, PAUL J MEDICARE AND SHIFTS IN SURVIVOR FUNCTIONS FOR THE AGED	07/01/86-06/30/88	UNIVERSITY OF PENNSYLVANIA	149,570
1 F32 AG05385-01	CHING, GEE Y REGULATION OF EXPRESSION OF STATIN IN AGING FIBROBLASTS	11/01/86- / /	ROCKEFELLER UNIVERSITY	18,996
5 P01 AG05386-03	TERRY, ROBERT D SENILE DEMENTIA: ALZHEIMER AND VASCULAR	08/01/84-07/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	609,659
5 U09 AG05389-02	MILLER, RUSSELL L SCIENTIFIC REVIEW AND EVALUATION AWARD	08/15/84-11/30/86	U.S. PHS PUBLIC ADVISORY GROUPS	375,000
5 F32 AG05391-02	CRONIN-GOLOMB, ALICE M COGNITIVE FUNCTION IN AMNESIA AND ALZHEIMER'S DISEASE	11/01/86- / /	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	24,996
1 F32 AG05393-01	LANDEN, DEBORAH D EPIDEMIOLOGY OF TRAFFIC ACCIDENTS IN THE ELDERLY	01/01/87- / /	UNIVERSITY OF PITTSBURGH	33,000
1 R01 AG05393-01A1	ORME, IAN M AGING AND IMMUNITY TO TUBERCULOSIS	01/01/86-08/31/86	TRUDEAU INSTITUTE, INC.	116,462
1 F32 AG05394-01	SERVICE, PHILIP M GENETICALLY INCREASED LONGEVITY IN MALE DROSOPHILA	12/15/86- / /	UNIVERSITY OF CALIFORNIA DAVIS	26,004
1 R01 AG05394-01A1	GRIMM, RICHARD H, JR RISK FACTORS FOR HIP AND COLLES' FRACTURES	02/01/86-01/31/92	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	285,014
5 R01 AG05395-02	SEROW, WILLIAM J CHANGING STRUCTURE AND COMPOSITION OF THE OLDEST OLD	08/01/85-07/31/88	FLORIDA STATE UNIVERSITY	89,355
1 F33 AG05396-01	BRUCE, DARRYL R THE AGED AND ANSWERING WHY QUESTIONS ABOUT MEMORY	12/01/86- / /	UNIVERSITY OF TORONTO	30,000
1 F33 AG05396-01X1	BRUCE, DARRYL R THE AGED AND ANSWERING WHY QUESTIONS ABOUT MEMORY	12/01/86- / /	UNIVERSITY OF TORONTO	3,000
1 F32 AG05398-01	PATTERSON, JULIE V EVENT-RELATED POTENTIALS & MEMORY IN AGING & DEMENTIA	02/28/87- / /	UNIVERSITY OF CALIFORNIA IRVINE	24,966
5 R01 AG05400-02	MECHANIC, DAVID ILLNESS BEHAVIOR AND MEDICAL USE BY ELDERLY IN AN HMO	05/01/85-04/30/88	RUTGERS THE STATE UNIV NEW BRUNSWICK	124,985
1 F32 AG05401-01	TAUBENBERGER, JEFFERY K THYMIC EPITHELIAL CELL INDUCED PROTHYMOCYTE MIGRATION	01/31/87- / /	VIRGINIA COMMONWEALTH UNIVERSITY	18,996

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1 F32 AG05402-01	VERDONIK, FREDERICK WM MEMORY FUNCTIONING AND DEVELOPMENT OF AGED ADULTS	12/01/86- / /	UNIVERSITY OF MICHIGAN AT ANN ARBOR	18,996
1 F32 AG05404-01	GULVE, ERIC A MECHANISMS OF EXERCISE-INDUCED MITOCHONDRIAL BIOGENESIS	03/30/87- / /	WASHINGTON UNIVERSITY	18,996
1 F33 AG05405-01	KAMEN, GARY P MOTOR UNIT DECOMPOSITION IN THE AGED MOTOR SYSTEM	09/30/87- / /	BOSTON UNIVERSITY	33,000
1 R01 AG05407-01A1	CUMMINGS, STEVEN R RISK FACTORS FOR HIP AND COLLES' FRACTURES	02/01/86-01/31/92	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	485,262
1 F32 AG05411-01	MILES, TONI P ANTHROPOMETRIC BODY MEASUREMENTS, MORBIDITY, MORTALITY	02/22/87- / /	U.S. NATIONAL INSTITUTES OF HLTH	21,996
3 F32 AG05411-01S1	MILES, TONI P ANTHROPOMETRIC BODY MEASUREMENTS, MORBIDITY, MORTALITY	02/22/87- / /	U.S. NATIONAL INSTITUTES OF HLTH	540
1 F32 AG05413-01	ZIRKER, WILLIAM S ASSESSING URINARY INCONTINENCE IN THE NURSING HOME	03/31/87- / /	MONTEFIORE MEDICAL CENTER (BRONX, NY)	29,004
1 F32 AG05414-01	CHUKNYISKI, PETER P STUDIES ON THE ACTIVE SITE OF RNA POLYMERASE	11/01/86- / /	U.S. NATIONAL INSTITUTES OF HLTH	30,000
3 F32 AG05414-01S1	CHUKNYISKI, PETER P STUDIES ON THE ACTIVE SITE OF RNA POLYMERASE	11/01/86- / /	U.S. NATIONAL INSTITUTES OF HLTH	194
1 R01 AG05416-01A1	GIACOBINI, EZIO AGING OF THE BRAIN AND DEMENTIA: EARLY DETECTION	12/01/85-11/30/88	SOUTHERN ILLINOIS UNIVERSITY SCH OF MED	130,787
1 F32 AG05417-01	RICHARDSON, RICK D AGED AND COLD STRESS: EFFECTS OF CHRONIC UNDERNUTRITION	05/01/87- / /	PRINCETON UNIVERSITY	24,996
5 R01 AG05423-02	BARKER, WILLIAM H HOSPITALIZATIONS OF NURSING HOME RESIDENTS	05/01/85-04/30/87	UNIVERSITY OF ROCHESTER	67,001
1 R01 AG05433-01A1	PROHOVNIK, ISAK A REGIONAL CEREBRAL BLOOD FLOW IN ALZHEIMER'S DISEASE	02/01/86-01/31/89	NEW YORK STATE PSYCHIATRIC INSTITUTE	218,159
5 R01 AG05434-02	DEMENT, WILLIAM C SLEEP AND AGING--BASIC RESEARCH	08/01/85-07/31/87	STANFORD UNIVERSITY	88,007
5 R23 AG05441-02	IZBICKA-DIMITRIJEVIC, ELZBIETA REACTIONS OF PROTEINS WITH UBIQUITIN	09/30/85-03/31/88	BAYLOR COLLEGE OF MEDICINE	50,121

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1 R01 AG05444-01A1	SCHULZ, RICHARD COPING WITH DEMENTIA: MULTIVARIATE CAUSAL MODELS	01/01/86-12/31/89	UNIVERSITY OF PITTSBURGH	124,360
5 R01 AG05445-02	MC NEILL, THOMAS H THE BASAL GANGLIA AND AGING	09/30/85-08/31/88	UNIVERSITY OF ROCHESTER	69,585
1 R01 AG05450-01A1	MOEN, PHYLLIS E WOMEN'S ROLES & WELL-BEING: TWO GENERATION STUDY	05/01/86-04/30/89	CORNELL UNIVERSITY ITHACA	118,435
5 R01 AG05453-02	SARKAR, DIPAK K NEUROENDOCRINE MECHANISMS OF PROLACTINOMAS IN OLD RATS	09/30/85-08/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	103,669
1 R01 AG05469-01A1	LIVNEH, ZVI ERROR PRONE REPAIR, MUTAGENESIS AND AGING	02/01/86-01/31/89	WEIZMANN INSTITUTE OF SCIENCE	53,547
1 R03 AG05474-01	WALLER, STEVEN B EFFECT OF AGING AND DRUGS ON NEUROCHEMISTRY AND BEHAVIOR	01/01/86-12/31/86	UNIVERSITY OF SOUTH DAKOTA	21,227
5 R01 AG05537-02	GRIFFIN, WILMA S ALTERED GENE EXPRESSION IN ALZHEIMER SENILE DEMENTIA	02/01/85-01/31/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	109,904
5 R01 AG05552-02	HESS, THOMAS M SCHEMATIC EFFECTS ON ATTENTION AND MEMORY IN ADULTHOOD	08/01/85-07/31/87	NORTH CAROLINA STATE UNIVERSITY RALEIGH	47,472
5 P01 AG05554-02	SEIFTER, SAM STRUCTURE AND FUNCTION IN DEVELOPING AND AGING HEARTS	09/30/85-08/31/90	YESHIVA UNIVERSITY	1,033,413
1 R03 AG05555-01	LUKAS, RONALD J NEUROREGULATION DEFECTS IN ALZHEIMER'S DISEASE	12/01/85-11/30/86	ST. JOSEPH'S HOSP/MED CTR (PHOENIX)	20,694
1 P01 AG05557-01A1	FLORINI, JAMES R AGING AND SOMATOMEDINS	07/01/86-06/30/89	SYRACUSE UNIVERSITY AT SYRACUSE	436,709
5 P01 AG05561-02	HOUSE, JAMES S PRODUCTIVITY STRESS AND HEALTH IN MIDDLE AND LATE LIFE	09/30/85-08/31/90	UNIVERSITY OF MICHIGAN AT ANN ARBOR	975,200
5 P01 AG05562-02	HOLLOSZY, JOHN O PHYSIOLOGICAL ADAPTATIONS TO EXERCISE IN THE ELDERLY	09/01/85-08/31/90	WASHINGTON UNIVERSITY	821,637
5 P01 AG05568-02	SCHIMKE, ROBERT T GENOME EVOLUTION/REGULATION OF PROTEIN LEVELS IN AGING	08/01/85-07/31/90	STANFORD UNIVERSITY	745,825
5 R01 AG05582-02	VOGEL, KATHRYN G FIBROBLAST PROTEOGLYCANS AND CONNECTIVE TISSUE MATRIX	01/01/85-12/31/87	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	78,150

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5 R01 AG05583-02	HURTIG, HOWARD I NEUROPSYCHOLOGICAL FUNCTIONING AND CBF IN PARKINSON'S	01/01/85-12/31/87	GRADUATE HOSPITAL (PHILADELPHIA)	159,412
1 R23 AG05591-01A1	CUBA, LEE J PLACE IDENTITIES AMONG ELDERLY MIGRANTS AND NON-MIGRANTS	08/01/86-09/30/88	WELLESLEY COLLEGE	49,751
1 R23 AG05592-01	CARSTENSEN, LAURA L BEHAVIORAL EFFECTS OF AGING IN LONG-TERM CARE	12/01/85-11/30/88	INDIANA UNIVERSITY BLOOMINGTON	49,754
5 R01 AG05601-02	MONNIER, VINCENT M BROWNING OF HUMAN COLLAGEN IN DIABETES MELLITUS & AGING	02/01/85-01/31/88	CASE WESTERN RESERVE UNIVERSITY	96,032
5 R01 AG05604-02	NIXON, RALPH A DYNAMICS OF THE NEURONAL CYTOSKELETON IN AGING BRAIN	09/30/85-08/31/90	MC LEAN HOSPITAL (BELMONT, MA)	115,124
1 R23 AG05609-01A1	BROWN, SCOTT C AGING AND THE INTERACTION OF DEMOGRAPHY AND HEARING LOSS	05/01/86-04/30/88	GALLAUDET COLLEGE	49,463
1 R01 AG05617-01A1	BAKER, SUSAN P EPIDEMIOLOGY OF HOSPITALIZED INJURIES IN THE AGING	07/01/86-06/30/87	JOHNS HOPKINS UNIVERSITY	114,044
5 R01 AG05627-02	BLASCHKE, TERRENCE F AGING AND IN VIVO VASCULAR RESPONSIVENESS IN MAN	08/01/85-07/31/88	STANFORD UNIVERSITY	83,416
5 R01 AG05628-02	GOOD, ROBERT A CELLULAR ENGINEERING AND IMMUNOLOGICAL AGING	01/01/85-12/31/86	UNIVERSITY OF SOUTH FLORIDA	131,736
5 R01 AG05633-03	GOOD, ROBERT A NUTRITION AND DISEASES OF AGING IN AUTOIMMUNE-PRONE MICE	01/01/85-06/30/87	UNIVERSITY OF SOUTH FLORIDA	143,358
1 R01 AG05634-01A1	COUNTE, MICHAEL A PANEL STUDY OF ELDERLY HEALTH BELIEFS AND BEHAVIOR	05/01/86-04/30/89	RUSH-PRESBYTERIAN-ST LUKES MEDICAL CTR	99,284
5 R01 AG05635-02	DUNKLE, RUTH E EFFECT OF STRESS ON FUNCTIONING OF THE OLDEST-OLD	07/01/85-06/30/88	CASE WESTERN RESERVE UNIVERSITY	81,074
5 R01 AG05637-02	SONNTAG, WILLIAM E REGULATION OF GROWTH HORMONE SECRETION IN AGING RATS	09/30/85-08/31/88	WAKE FOREST UNIVERSITY	50,668
1 R23 AG05653-01A1	KENNEY, WILLIAM L THERMOREGULATORY RESPONSES OF WOMEN TO HEAT STRESS	08/01/86-07/31/89	PENNSYLVANIA STATE UNIVERSITY PARK	50,796
5 R01 AG05656-02	PARSONS, DONALD O AGING AND INCOME SECURITY	08/01/85-07/31/87	OHIO STATE UNIVERSITY	114,484

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5 R01 AG05657-02	PETTEGREW, JAY W NMR STUDIES OF BRAIN AGING IN ALZHEIMER'S DISEASE	08/01/85-07/31/88	UNIVERSITY OF PITTSBURGH	92,219
5 R01 AG05661-02	EKERDT, DAVID J RETIREMENT AND MARITAL QUALITY	09/30/85-08/31/88	BOSTON UNIVERSITY	103,354
5 R01 AG05675-02	SHASHOUA, VICTOR E MEMORY AND AGING--BIOCHEMICAL STUDIES	09/01/85-08/31/88	MC LEAN HOSPITAL (BELMONT, MA)	97,868
5 R01 AG05676-02	HOFFMAN, BRIAN B REGULATION OF LIPOLYSIS WITH AGING	08/01/85-07/31/89	STANFORD UNIVERSITY	75,176
5 R01 AG05678-02	MACRIDES, FOTEOS OLFACTORY MODEL OF BRAIN AGING	08/01/85-07/31/88	WORCESTER FOUNDATION FOR EXPER BIOLOGY	99,355
5 R01 AG05680-02	JERGER, JAMES F AGING--COGNITIVE/ADAPTIVE FACTORS IN AUDITORY FUNCTION	08/01/85-07/31/90	BAYLOR COLLEGE OF MEDICINE	148,391
5 P50 AG05681-02	BERG, LEONARD ALZHEIMER'S DISEASE RESEARCH CENTER	09/30/85-09/29/90	WASHINGTON UNIVERSITY	1,028,302
5 R01 AG05683-02	GLENNER, GEORGE G CEREBROVASCULAR AMYLOID PROTEIN IN ALZHEIMER'S DISEASE	09/30/85-08/31/88	UNIVERSITY OF CALIFORNIA SAN DIEGO	153,663
5 R01 AG05687-02	WINGARD, DEBORAH L SEX DIFFERENCES IN HEALTH IN ALAMEDA COUNTY: 1965-1983	09/30/85-08/31/87	CALIFORNIA PUBLIC HEALTH FOUNDATION	156,524
1 R01 AG05690-01A1	PEARSON, JOHN HUMAN CATECHOLAMINE NEURONS IN AGING AND DEMENTIA	05/01/86-04/30/89	NEW YORK UNIVERSITY	87,364
1 R01 AG05700-01A1	LONG, JOHN F DIETARY INDUCED ALUMINUM ENCEPHALOPATHY, ANIMAL MODELS	09/30/86-08/31/89	OHIO STATE UNIVERSITY	50,816
1 R01 AG05702-01A1	BORGATTA, EDGAR F FACTORS DEFINING CAREGIVERS	08/01/86-01/31/89	UNIVERSITY OF WASHINGTON	170,902
5 R01 AG05704-02	COHEN, STANLEY IMMUNOLOGIC AGING: INTRACELLULAR DEFECTS	07/01/85-06/30/88	UNIVERSITY OF CONNECTICUT HEALTH CENTER	127,103
5 R01 AG05715-02	MARINI, MARGARET M AGE, GENDER, AND CAREERS	09/30/85-08/31/88	VANDERBILT UNIVERSITY	81,636
5 R01 AG05717-02	KRISHNARAJ, RAJABATHER AGE-ASSOCIATED ALTERATIONS IN HUMAN NK CELL SYSTEM	08/01/85-07/31/88	EVANSTON HOSPITAL	83,265

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5 R01 AG05720-02	JOHNSON, THOMAS E GENETIC SPECIFICATION AT PHYSIOLOGICAL AGING	08/01/85-07/31/88	UNIVERSITY OF CALIFORNIA IRVINE	98,601
1 R01 AG05731-01A1	BONDADA, SUBBARAO AGE ASSOCIATED CHANGES IN B LYMPHOCYTE FUNCTION	08/01/86-07/31/89	UNIVERSITY OF KENTUCKY	98,699
5 R01 AG05732-02	SPIELMAN, ARTHUR J SLEEP RESTRICTION THERAPY IN ELDERLY CHRONIC INSOMNIACS	08/01/85-07/31/88	CITY COLLEGE OF NEW YORK	154,530
5 R01 AG05739-02	BALL, KARLENE K IMPROVEMENT OF VISUAL PROCESSING IN OLDER ADULTS	08/01/85-07/31/88	WESTERN KENTUCKY UNIVERSITY	101,506
1 R03 AG05769-01	BLANK, KENNETH J CHARACTERIZATION OF LEUKEMIAS IN AGED MICE	08/01/86-07/31/87	UNIVERSITY OF PENNSYLVANIA	23,112
5 R01 AG05773-02	MORIN, LAWRENCE P AGING AND BIOLOGICAL RHYTHMS	01/01/85-12/31/87	STATE UNIVERSITY NEW YORK STONY BROOK	57,633
1 R13 AG05782-01	SCHULZ, JAMES H INTERNATIONAL MEETING ON AGING	02/01/86-01/31/87	GERONTOLOGICAL SOCIETY OF AMERICA	29,260
5 R23 AG05791-02	MEYDANI, SIMIN N AGING NUTRITION AND THE IMMUNE RESPONSE	04/01/85-03/31/87	TUFTS UNIVERSITY	38,500
1 P01 AG05793-01	JOHNSTON, CYRUS C, JR SOME DETERMINANTS OF BONE MASS/ELDERLY	12/01/85-11/30/90	INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS	674,135
1 R03 AG05820-01	CRAIG, BRUCE W EXERCISE AND FOOD INTAKE EFFECTS ON AGING	01/01/86-12/31/86	BALL STATE UNIVERSITY	16,894
1 P01 AG05842-01	WISE, DAVID A THE ECONOMICS OF AGING	01/01/86-12/31/88	NATIONAL BUREAU OF ECONOMIC RESEARCH	341,681
1 R03 AG05851-01	GRIFFITHS, MARIE M CHRONIC CRYSTAL-INDUCED ARTHRITIS IN RATS	02/01/86-01/31/87	UNIVERSITY OF UTAH	21,713
1 R03 AG05854-01	WYDE, PHILIP R TREATMENT OF PNEUMONIA IN AGED MICE WITH MDP-DERIVATIVES	02/01/86-01/31/87	BAYLOR COLLEGE OF MEDICINE	21,675
1 R03 AG05856-01	RAPACZ, JAN ASSOCIATION OF VITAMIN E WITH SWINE LIPOPROTEIN GENOTYPE	12/01/85-11/30/86	UNIVERSITY OF WISCONSIN MADISON	21,271
1 R01 AG05869-01	MINKLER, MEREDITH A PRECURSORS OF PSYCHOLOGICAL WELL-BEING IN OLD AGE	05/01/86-04/30/87	UNIVERSITY OF CALIFORNIA BERKELEY	101,920

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1 R03 AG05874-01	ATTIE, ALAN D STUDIES OF A GENETIC MODEL FOR ATHEROSCLEROSIS IN PIGS	08/01/86-07/31/87	UNIVERSITY OF WISCONSIN MADISON	20,528
5 R01 AG05890-02	BUDINGER, THOMAS F CEREBRAL BLOOD FLOW PATTERNS IN ALZHEIMER'S DISEASE	05/01/85-04/30/89	UNIVERSITY OF CALIF-LAWRENC BERKELEY LAB	365,629
5 R01 AG05891-02	FRANGIONE, BLAS AMYLOIDOSIS AND ALZHEIMER'S DISEASE	07/01/85-06/30/88	NEW YORK UNIVERSITY	268,519
5 R01 AG05892-05	IQBAL, KHALID ALZHEIMER NEUROFIBRILLARY TANGLES: BIOCHEMICAL STUDIES	05/01/85-04/30/88	INSTITUTE FOR BASIC RES IN DEV DISABIL	97,967
5 R01 AG05893-07	HERSH, LOUIS B CHOLINE ACETYLTRANSFERASE	07/01/85-06/30/88	UNIVERSITY OF TEXAS HLTH SCI CTR DALLAS	97,089
5 R01 AG05894-14	FINE, RICHARD E COATED VESICLES: MEMBRANE TRANSPORT IN MUSCLE, BRAIN	05/01/85-04/30/88	BOSTON UNIVERSITY	256,902
1 R01 AG05903-01A1	KAPLAN, GEORGE A EPIDEMIOLOGY OF RISK FACTOR CHANGE: ALAMEDA CO., 1965-8	09/01/86-08/31/88	CALIFORNIA PUBLIC HEALTH FOUNDATION	148,475
5 R01 AG05916-05	HOGUE-ANGELETTI, RUTH A NEUROFILAMENT STRUCTURE	05/01/85-04/30/88	UNIVERSITY OF PENNSYLVANIA	144,707
5 R01 AG05917-02	ROTUNDO, RICHARD LEE REGULATION OF ACETYLCHOLINESTERASE SYNTHESIS/ASSEMBLY	05/01/85-04/30/88	UNIVERSITY OF MIAMI	96,659
1 R23 AG05937-01	DAVIS, BARBARA J NEURAL REGULATION OF THE ENDOCRINE PANCREAS	12/01/85-11/30/88	UNIVERSITY OF ROCHESTER	51,010
1 R01 AG05940-01A1	SCHWARTZ, JANICE B THE EFFECT OF AGING ON CALCIUM BLOCKER KINETICS/DYNAMICS	08/01/86-07/31/90	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	94,992
1 R01 AG05941-01A1	GOLDSTEIN, RONALD H REGULATION OF AGING SMOOTH MUSCLE CELL FUNCTION	09/30/86-08/31/89	BOSTON UNIVERSITY	1,055 J
1 R01 AG05944-01A1	CHANG, HOWARD T LIMBIC - BASAL GANGLIA - CORTEX INTERACTIONS	09/01/86-08/31/89	UNIVERSITY OF TENN CENTER HEALTH SCIEN	73,789
1 R01 AG05952-01	GOLLIN, EUGENE S FACILITATION OF MEMORY IN ELDERLY POPULATION	02/01/86-01/31/89	UNIVERSITY OF COLORADO AT BOULDER	70,533
1 R01 AG05953-01	WEILER, MOLLY S AGE RELATED CHANGES IN NEOSTRIATAL CHOLINERGIC FUNCTION	01/01/86-12/31/88	UNIVERSITY OF WISCONSIN MADISON	81,386

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1 R01 AG05960-01A1	IVY, GWENDOLYN D A MODEL FOR LIPOFUSCIN ACCUMULATION IN AGING AND DISEASE	08/01/86-07/31/89	UNIVERSITY OF CALIFORNIA IRVINE	51,706	
1 R01 AG05963-01	RICE, GRACE E OLDER ADULTS' MEMORY FOR WRITTEN MEDICAL INFORMATION	01/01/86-12/31/87	ARIZONA STATE UNIVERSITY	89,885	
1 R01 AG05972-01	BOWLES, NANCY L AN ANALYSIS OF WORD RETRIEVAL DEFICITS IN THE AGED	12/01/85-11/30/88	BOSTON UNIVERSITY	92,919	
1 R15 AG05983-01A1	VIOLA, RONALD E ALUMINUM ION BINDING: ALZHEIMER'S AND RELATED DISORDERS	09/01/86-08/31/88	UNIVERSITY OF AKRON	68,900	
1 R15 AG05987-01A1	GREGG, THOMAS G THE GENETICS OF AGING IN FOUR SPECIES OF DROSOPHILA	09/30/86-08/31/88	MIAMI UNIVERSITY OXFORD	63,030	
1 R15 AG06012-01A1	LOCKSHIN, RICHARD A COMPUTER-ASSISTED LONGITUDINAL MONITORING OF ANIMALS	09/30/86-09/29/88	ST. JOHN'S UNIVERSITY	60,280	J
1 R01 AG06014-01A1	WEST, ROBIN L AGE DIFFERENCES IN LABORATORY AND EVERYDAY MEMORY	08/01/86-07/31/88	UNIVERSITY OF FLORIDA	71,440	
1 R23 AG06017-01	LAKOSKI, JOAN M AGING AND ESTROGEN ON BIOGENIC AMINE CELL PHYSIOLOGY	12/01/85-11/30/88	UNIVERSITY OF TEXAS MED BR GALVESTON	51,486	
1 R01 AG06036-01	ARNSTEN, AMY F COGNITIVE LOSS WITH AGE: ROLE OF CORTICAL CATECHOLAMINES	12/01/85-11/30/88	YALE UNIVERSITY	124,596	
1 R01 AG06038-01A1	LACHMAN, MARGIE E THE COURSE OF PERSONAL CONTROL IN LATER LIFE	08/01/86-07/31/89	BRANDEIS UNIVERSITY	67,240	
1 R01 AG06041-01A1	HOYER, WILLIAM J AGING, SKILL AND KNOWLEDGE USE	07/01/86-06/30/89	SYRACUSE UNIVERSITY AT SYRACUSE	92,620	
1 R23 AG06045-01	FERRARO, KENNETH F THE ADEA AMENDMENT AND PUBLIC SUPPORT FOR OLDER WORKERS	02/01/86-01/31/88	NORTHERN ILLINOIS UNIVERSITY	49,204	
1 R01 AG06047-01A2	BLACK, PETER M STUDIES IN IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	08/01/86-07/31/90	MASSACHUSETTS GENERAL HOSPITAL	75,070	
1 R01 AG06060-01A1	FELTEN, DAVID L MPTP: DEGENERATION OF MONOAMINE SYSTEMS, AND AGING	08/01/86-07/31/89	UNIVERSITY OF ROCHESTER	125,156	
1 R01 AG06069-01	REESE, HAYNE W COGNITION IN ADULTHOOD AND OLD AGE	02/01/86-01/31/89	WEST VIRGINIA UNIVERSITY	93,859	

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1 R01 AG06071-01A1	SELLINGER, OTTO Z CARBOXYLMETHYLATION OF PROTEINS IN THE AGING BRAIN	08/01/86-07/31/89	UNIVERSITY OF MICHIGAN AT ANN ARBOR	102,813
2 R01 AG06072-02	CZEISLER, CHARLES A DISRUPTED SLEEP IN THE ELDERLY: CIRCADIAN ETIOLOGY	07/01/85-05/31/90	BRIGHAM AND WOMEN'S HOSPITAL	250,027
5 R01 AG06077-03	LIANG, JERSEY A PANEL ANALYSIS OF WELL-BEING AMONG THE AGED	04/01/85-07/31/87	UNIVERSITY OF MICHIGAN AT ANN ARBOR	64,410
5 R01 AG06078-02	LAZARIDES, ELIAS VIMENTIN AND DESMIN EXPRESSION IN DEVELOPMENT	08/01/85-07/31/90	CALIFORNIA INSTITUTE OF TECHNOLOGY	116,506
2 R01 AG06079-02	HOLICK, MICHAEL F INFLUENCE OF AGE ON 7-DEHYDROCHOLESTEROL IN THE SKIN	06/01/85-04/30/90	TUFTS UNIVERSITY	126,823
5 R01 AG06084-02	ROSE, GEORGE D STABILITY OF NATIVE AND ALTERED PROTEINS	09/01/85-08/31/88	PENNSYLVANIA STATE UNIV HERSHEY MED CTR	79,178
5 R01 AG06086-02	GOODWIN, JAMES S ROLE OF PROSTAGLANDINS IN THE IMMUNOBIOLOGY OF AGING	07/01/85-11/30/88	MEDICAL COLLEGE OF WISCONSIN	171,080
5 R01 AG06087-02	WALKER, RICHARD F ROLE OF SCN: SEROTONIN IN FEMALE REPRODUCTIVE AGING	07/01/85-03/31/87	MEDICAL COLLEGE OF PENNSYLVANIA	105,587
5 R01 AG06093-14	NAKAJIMA, YASUKO ULTRASTRUCTURE AND FUNCTION OF NERVE AND MUSCLE	08/01/85-07/31/90	PURDUE UNIVERSITY WEST LAFAYETTE	135,725
1 R13 AG06097-01	RICARDO-CAMPBELL, RITA CONFERENCE ON ISSUES IN CONTEMPORARY RETIREMENT	05/01/86-04/30/87	STANFORD UNIVERSITY	37,000
1 R01 AG06103-01	KRUZICH, JEAN M ENVIRONMENTAL INFLUENCES ON NURSING HOME RESIDENTS	03/01/86-02/29/88	UNIVERSITY OF WISCONSIN MILWAUKEE	198,993
1 R13 AG06105-01	AZMITIA, EFRAIN C NEURAL TRANSPLANTATION AND MODELS OF AGING AND DEMENTIA	04/01/86-03/31/87	NEW YORK ACADEMY OF SCIENCES	43,170
5 R01 AG06108-02	HORNSBY, PETER J AGING OF ENDOCRINE CELLS IN CULTURE	08/01/85-03/31/87	MEDICAL COLLEGE OF GEORGIA	147,208
5 R01 AG06116-02	DICE, JAMES F, JR PROTEIN DEGRADATION IN AGING HUMAN FIBROBLASTS	09/01/85-03/31/90	TUFTS UNIVERSITY	136,028
1 R13 AG06121-01	SMITH-SONNEBORN, JOAN GORDON RESEARCH CONFERENCE/BIOLOGY OF AGING/JULY 1986	06/01/86-12/31/86	GORDON RESEARCH CONFERENCES	25,000

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5 R01 AG06123-02	HERTZOG, CHRISTOPHER K AGING AND COGNITIVECORRELATES OF INTELLIGENCE	08/01/85-01/31/87	GEORGIA INSTITUTE OF TECHNOLOGY	44,434
1 R01 AG06130-01	WHITE, TIMOTHY P MUSCULAR ADAPTATIONS TO LONG-TERM TRAINING IN AGING RATS	05/01/86-04/30/90	UNIVERSITY OF MICHIGAN AT ANN ARBOR	137,085
1 R01 AG06133-01	WARD, MICHAEL P PRIVATE PENSIONS, IMPLICIT CONTRACTS, AND OLDER WORKERS	09/01/86-08/31/89	UNICON RESEARCH CORPORATION	39,076
1 R01 AG06139-01	PHELPS, CAROL J CATECHOLAMINERGIC NEURON PLASTICITY IN AGED BRAIN	08/01/86-07/31/89	UNIVERSITY OF ROCHESTER	110,839
1 R01 AG06150-01	DIXON, JANE K SOCIAL TIES, FULFILLMENT AND HEALTH IN MIDLIFE	09/30/86-08/31/88	YALE UNIVERSITY	105,713
1 R01 AG06154-01	VAUGHAN, DEBORAH W AGING AND NEUROMUSCULAR DEGENERATION AND REGENERATION	09/30/86-08/31/89	BOSTON UNIVERSITY	87,773
1 R01 AG06155-01	YOUNG, ANNE B THE ROLE OF GLUTAMATE IN ALZHEIMER'S DISEASE	08/01/86-07/31/89	UNIVERSITY OF MICHIGAN AT ANN ARBOR	65,104
1 R01 AG06156-01	PERLMUTTER, MARION COGNITION IN THE VERY OLD	06/01/86-05/31/89	UNIVERSITY OF MICHIGAN AT ANN ARBOR	128,677
1 R01 AG06157-01	FAULKNER, JOHN A EXERCISE INJURY AND REPAIR OF MUSCLE FIBERS IN AGED MICE	05/01/86-04/30/90	UNIVERSITY OF MICHIGAN AT ANN ARBOR	115,948
5 R01 AG06162-02	HERTZOG, CHRISTOPHER K SHORT TERM CHANGE IN MEMORY & METAMEMORY IN THE ELDERLY	08/01/85-11/30/86	GEORGIA INSTITUTE OF TECHNOLOGY	122,927
1 R01 AG06163-01	BRADLEY, WALTER G DNA REPAIR IN AUTOPSY-PROVEN ALZHEIMER'S DISEASE	06/01/86-05/31/89	UNIVERSITY OF VERMONT & ST AGRIC COLLEGE	163,934
1 R01 AG06168-01	JAZWINSKI, S MICHAL CELLULAR AGING IN A YEAST MODEL SYSTEM	05/01/86-04/30/89	LOUISIANA STATE UNIV MED CTR NEW ORLEANS	102,430
1 R01 AG06170-01	POTTER, LINCOLN T CHOLINERGIC MECHANISMS IN AGING AND ALZHEIMER'S DISEASE	05/01/86-04/30/91	UNIVERSITY OF MIAMI	164,296
5 R01 AG06171-02	RIPLEY, LYNN S MOLECULAR MECHANISMS OF SPONTANEOUS MUTAGENESIS	09/30/85-08/31/88	UNIVERSITY OF MEDICINE & DENTISTRY OF NJ	169,640
5 R01 AG06172-02	KOSIK, KENNETH S BIOCHEMISTRY AND PATHOBIOLOGY OF MAP2 IN NEURONS	05/01/85-12/31/87	BRIGHAM AND WOMEN'S HOSPITAL	83,977

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5 R01 AG06173-02	SELKOE, DENNIS J AGING IN THE BRAIN--ROLE OF THE FIBROUS PROTEINS	09/01/85-08/31/90	BRIGHAM AND WOMEN'S HOSPITAL	270,336
1 R23 AG06182-01	FORSTER, MICHAEL J IMMUNOLOGIC CORRELATES OF MEMORY DECLINE IN AGING MICE	07/01/86-06/30/89	TEXAS COLLEGE OF OSTEOPATHIC MEDICINE	49,409
1 R01 AG06188-01	CASEY, MICHAEL A AGE-RELATED DEGENERATION IN THE CENTRAL AUDITORY PATHWAY	08/01/86-07/31/89	UNIVERSITY OF ALABAMA AT BIRMINGHAM	65,981
1 R01 AG06192-01	FERNANDEZ, HUGO L AGING OF SKELETAL MUSCLE: ACETYLCHOLINESTERASE FORMS	05/01/86-04/30/89	UNIVERSITY OF KANSAS COL HLTH SCI & HOSP	54,912
1 R01 AG06193-01	FERNIE, GEOFFREY R VIDEO RECORDING OF FALLING IN THE ELDERLY	09/29/86-08/31/88	UNIVERSITY OF TORONTO	17,772
5 R01 AG06201-02	SARREL, PHILIP M SENSORY FUNCTION IN THE CLIMACTERIC	09/30/85-08/31/88	YALE UNIVERSITY	241,083
5 R01 AG06202-05	ELBADAWI, AHMAD DEFECTS OF MUSCULAR INNERVATION IN NEUROGENIC BLADDER	09/30/85-08/31/90	HEALTH SCIENCE CENTER AT SYRACUSE	90,412
1 R01 AG06207-01	DAY, ALICE T OLDER WOMEN AND SOCIAL SUPPORT: A FOLLOW-UP STUDY	09/01/86-08/31/88	URBAN INSTITUTE	529,314
1 R01 AG06214-01	BISHOP, CHRISTINE C TRANSITIONS IN LIVING ARRANGEMENTS FOR THE ELDERLY	05/01/86-04/30/88	BRANDEIS UNIVERSITY	109,126
1 R01 AG06221-01	TATE, CHARLOTTE A MYOCARDIAL RESPONSE TO EXERCISE DURING SENESCENCE	08/01/86-07/31/89	BAYLOR COLLEGE OF MEDICINE	63,156
1 R01 AG06222-01	TAN, HONG W PRIVATE PENSIONS, IMPLICIT CONTRACTS AND OLDER WORKERS	09/30/86-02/28/89	RAND CORPORATION	101,115
1 R01 AG06241-01	WILLOTT, JAMES F AGING AND RESPONSES OF AUDITORY NEURONS	05/01/86-04/30/89	NORTHERN ILLINOIS UNIVERSITY	28,695
5 R01 AG06242-02	THOMAS, MARY L SEX HORMONE EFFECTS ON INTESTINAL CALCIUM ABSORPTION	09/30/85-08/31/88	UNIVERSITY OF TEXAS MED BR GALVESTON	53,286
5 R01 AG06244-02	DIAMOND, MARGARET F GROUP WORK WITH BEREAVED ELDERS: AN INTERVENTION STUDY	09/30/85-08/31/88	UNIVERSITY OF UTAH	155,716
1 R01 AG06246-01	KELLEY, KEITH W HORMONAL RESTORATION OF A FUNCTIONAL THYMUS DURING AGING	05/01/86-04/30/91	UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN	154,269

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1 R43 AG06251-01	KAHN, GARY S IMPROVING GERIATRIC CARE WITH INSTRUCTIONAL INNOVATION	06/01/86-11/30/86	HEALTHBRIDGE SYSTEMS, INC.	50,000
5 R01 AG06257-02	BALOTA, DAVID A AUTOMATIC AND ATTENTINAL MEMORY MECHANISMS IN THE AGED	09/10/85-08/31/87	WASHINGTON UNIVERSITY	54,511
1 R43 AG06259-01	FRAUENHEIM, KATHRYN A COMPUTERIZED NUTRITION PROGRAM FOR SENIOR CITIZENS	07/01/86-06/30/87	DINESYSTEMS, INC.	49,940
5 R01 AG06265-02	PARK, DENISE C EFFECTS OF TWO TYPES OF CONTEXT ON THE AGING MEMORY	09/01/85-04/30/87	UNIVERSITY OF GEORGIA	62,036
5 R01 AG06278-02	ALBRIGHT, JULIA W AGING OF IMMUNITY TO PARASITES	09/30/85-08/31/89	GEORGE WASHINGTON UNIVERSITY	124,672
1 R13 AG06287-01	ROGERS, ANDREI INTERNATIONAL CONFERENCE ON ELDERLY MIGRATION	08/01/86-07/31/87	UNIVERSITY OF COLORADO AT BOULDER	19,950
1 R01 AG06299-01	GALILI, URI ANTI-GAL IGG ON HUMAN RED CELLS: A MODEL FOR CELL AGING	07/01/86-06/30/89	UNIVERSITY OF CALIFORNIA SAN FRANCISCO	143,360
1 P01 AG06309-01	MALETTA, GABE J CLINICAL RESEARCH CENTER FOR MANAGEMENT OF DEMENTIA	04/01/86-03/31/91	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	374,568
1 R01 AG06319-01	KEMPER, SUSAN GERIATRIC PSYCHOLINGUISTICS	07/01/86-06/30/91	UNIVERSITY OF KANSAS LAWRENCE	74,283
1 R01 AG06320-01	CUMMINGS, DONALD J GENE REARRANGEMENTS AND MATERNALLY INHERITED SENESCENCE	09/01/86-08/31/89	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	132,397
1 R01 AG06346-01	ROSE, MICHAEL R GENETICALLY - POSTPONED SENESCENCE IN DROSOPHILA	09/30/86-08/31/90	UNIVERSITY OF CALIFORNIA IRVINE	110,513
1 R01 AG06348-01	GASKIN, FELICIA A AUTOANTIBODIES IN ALZHEIMER'S DISEASE AND NORMAL AGING	08/01/86-07/31/89	OKLAHOMA MEDICAL RESEARCH FOUNDATION	153,303
1 R01 AG06350-01	ABRAHAM, GEORGE N IMMUNOLOGIC ANALYSIS OF PREMALIGNANT & MALIGNANT B-CELLS	08/01/86-07/31/91	UNIVERSITY OF ROCHESTER	151,490
1 R01 AG06352-01	VORBECK, MARIE L MEMBRANE LIPID-ASSOCIATED CHANGES DURING AGING	09/29/86-08/31/91	UNIVERSITY OF MISSOURI COLUMBIA	86,371
1 R01 AG06354-01	HIJMANS, WILLY HLA, AGE-RELATED IMMUNE PARAMETERS, LIFESPAN AND HEALTH	08/01/86-07/31/89	STATE UNIVERSITY OF LEIDEN	159,539

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1 R01 AG06357-01	FERNIE, GEOFFREY R A BALANCE TEST TO PREDICT FALLING IN THE ELDERLY	09/29/86-08/31/89	UNIVERSITY OF TORONTO	50,827	
1 R13 AG06362-01	RICHARDSON, ARLAN G AGING AND CANCER	09/01/86-11/30/86	GERONTOLOGICAL SOCIETY OF AMERICA	8,297	J
1 R23 AG06387-01	STERN, STEVEN N JOB EXIT BEHAVIOR OF OLDER WORKERS	07/01/86-06/30/88	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE	45,917	
1 R23 AG06407-01	KOMM, BARRY S ROLE OF ESTROGEN IN BONE BIOLOGY AND OSTEOPOROSIS	07/01/86-06/30/89	UNIVERSITY OF ARIZONA	51,539	
1 R01 AG06409-01	STOLLER, ELEANOR P SUPPORT NETWORKS OF THE RURAL ELDERLY: A PANEL STUDY	08/01/86-01/31/88	COLLEGE AT PLATTSBURGH	128,219	
1 R01 AG06419-01	VOLICER, LADISLAV MONOAMINES IN ALZHEIMER'S DISEASE/COULOMETRIC DETECTION	09/01/86-08/31/89	BOSTON UNIVERSITY	153,767	
1 R01 AG06421-01	WALLER, STEVEN B NEUROCHEMICAL-BEHAVIORAL RELATIONS: AGE AND DRUG EFFECT	08/01/86-07/31/89	UNIVERSITY OF SOUTH DAKOTA	139,398	
1 R23 AG06434-01	GERHARDT, GREG A AGE-INDUCED CHANGES IN MONOAMINE PRESYNAPTIC FUNCTION	08/01/86-07/31/89	UNIVERSITY OF COLORADO HLTH SCIENCES CTR	44,959	
1 R01 AG06438-01	KYLE, DAVID J RECOGNITION AND REMOVAL OF ALTERED MEMBRANE PROTEINS	02/01/86-01/31/89	MARTEK CORPORATION	104,704	
1 R01 AG06442-01	PAIGE, GARY D SENSORY-MOTOR/ADAPTIVE MECHANISMS IN EQUILIBRIUM CONTROL	07/01/86-06/30/91	WASHINGTON UNIVERSITY	242,709	
1 R01 AG06443-01	LIPSITZ, LEWIS A ABNORMAL BLOOD PRESSURE HOMEOSTASIS AND FALLS IN OLD AGE	06/01/86-06/30/89	HEBREW REHABILITATION CENTER FOR AGED	107,454	
1 R01 AG06445-01	STELMACH, GEORGE E SENSORY-MOTOR DYSFUNCTIONS RELATED TO FALLING	07/01/86-06/30/90	UNIVERSITY OF WISCONSIN MADISON	134,686	
1 R01 AG06446-01	AVORN, JEROME L MEDICATION USE AS A RISK FACTOR FOR FALLS IN THE ELDERLY	07/01/86-06/30/88	HARVARD UNIVERSITY	138,328	
1 R01 AG06456-01	BUCHNER, DAVID M FALLS AND LEG WEAKNESS IN OLDER PEOPLE	09/01/86-08/31/89	UNIVERSITY OF WASHINGTON	153,052	
1 R01 AG06457-01	HORAK, FAY B PERIPHERAL AND CENTRAL POSTURAL DISORDERS IN THE ELDERLY	09/01/86-08/31/89	GOOD SAMARITAN HOSP & MED CTR(PRTLND,OR)	123,688	

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1 R01 AG06481-01	HOELDTKE, ROBERT D HYPOTENSION IN ELDERLY/ROLE OF GUT PEPTIDES/SOMATOSTATIN	08/01/86-07/31/89	TEMPLE UNIVERSITY	114,110
1 R23 AG06484-01	WRONSKI, THOMAS J QUANTITATIVE BONE HISTOLOGY AFTER OVARIECTOMY	07/01/86-06/30/89	UNIVERSITY OF FLORIDA	48,421
1 R01 AG06490-01	DEMENT, WILLIAM C SLEEP, EXERCISE, AGING AND THE CIRCADIAN SYSTEM	09/01/86-08/31/91	STANFORD UNIVERSITY	152,654
1 R43 AG06501-01	LERNER, NEIL D AGE-RELATED DRIVING DECREMENTS AND MOBILITY	09/01/86-02/28/87	COMSIS CORPORATION	49,838
1 R43 AG06506-01	EHRENKRANZ, JOEL R L NEUROENDOCRINOLOGY & AGING: HYPOTHERMIA IN THE ELDERLY	09/01/86-02/28/87	FRANKLIN DIAGNOSTICS, INC.	49,015
1 R43 AG06511-01	HOLMES, DOUGLAS COMPUTER BASED INTERVENTION RE DEMENTED ELDERLY	09/30/86-03/31/87	DMH ASSOCIATES, INC.	46,481
1 R43 AG06513-01	COX, KENNETH R DEVELOPMENT OF A STAIR-CLIMBING WHEELCHAIR	09/29/86-03/31/87	STAIR MASTER WHEEL CHAIR COMPANY	46,928
1 R43 AG06515-01	NIX, PAUL T DOCTOR'S OFFICE DRUG MONITORING SYSTEM	09/01/86-03/31/87	PRINCETON SEPARATIONS, INC.	42,800
1 R43 AG06516-01	SHANNON, RICHARD H DEVELOPMENT OF A REPEATED MEASURES BATTERY FOR THE AGED	09/15/86-03/14/87	HUMAN SYSTEMS TECHNOLOGY CORPORATION	48,823
1 R13 AG06517-01	WOODHEAD, AVRIL D PHENOTYPIC VARIATION IN POPULATIONS: RELEVANCE TO RISK	09/01/86-08/31/87	ASSOCIATED UNIV-BROOKHAVEN NATL LAB	9,379
1 R43 AG06518-01	LAY, CAROLYN S VIDEODISC SIMULATION OF INDEPENDENCE & SELF HEALTH CARE	09/01/86-02/28/87	VANTAGE POINT SYSTEMS	49,965
1 R43 AG06524-01	MAINIGI, KUSUM K IMPROVED DIGITAL SKINFOLD CALIPER FOR THE AGED	08/01/86-02/28/87	IDA, INC.	49,998
1 R43 AG06526-01	VERTREES, JAMES C ESTIMATE FINANCIAL LIABILITY FOR LONG TERM CARE	08/15/86-02/14/87	LA JOLLA MANAGEMENT CORPORATION	46,411
1 R01 AG06528-01	DAVIDSON, JEFFREY M ELASTIC AND COLLAGEN IN THE AGING PROCESS	02/01/86-01/31/91	VANDERBILT UNIVERSITY	101,856
1 R15 AG06532-01	THOMAS, JEANNE L IMPACT OF GRANDPARENTHOOD ON PSYCHOLOGICAL WELL-BEING	09/01/86-08/31/88	UNIVERSITY OF WISCONSIN PARKSIDE	62,710

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1 R01 AG06533-01	WILSON, PATRICIA D EFFECT OF AGING ON RENAL EPITHELIAL CELLS	03/01/86-02/28/89	UNIV OF MED/DENT NJ-R W JOHNSON MED SCH	143,694
1 R01 AG06537-01	SEALS, DOUGLAS R HYPERTENSION IN THE ELDERLY: EFFECTS OF EXERCISE	08/01/86-07/31/90	UNIVERSITY OF ARIZONA	119,721
1 R01 AG06540-01	CARLIN, CATHLEEN R EXPRESSION OF THE EGF RECEPTOR DURING AGING IN VITRO	07/01/86-06/30/89	ST. LOUIS UNIVERSITY	114,902
1 R15 AG06543-01	GEHLSEN, GALE M FALLS IN THE ELDERLY: CAUSES AND REDUCTION	09/29/86-08/31/88	BALL STATE UNIVERSITY	67,635
1 R15 AG06547-01	SICONOLFI, STEVEN F ACTIVITY OR FITNESS: IMPACT ON BLOOD PRESSURE IN ELDERLY	09/30/86-09/29/87	SPRINGFIELD COLLEGE	63,527
1 R15 AG06548-01	YATES, ALLISON A EFFECT OF EXERCISE ON PROTEIN TURNOVER IN OLDER WOMEN	09/30/86-09/29/88	UNIVERSITY OF SOUTHERN MISSISSIPPI	63,183
1 R01 AG06551-01	ARDITI, ARIES R FIELD DEFECTS AND VISUAL PERFORMANCE	05/01/86-04/30/89	NEW YORK ASSOCIATION FOR THE BLIND	80,045
1 R01 AG06584-01	GIVEN, CHARLES W CAREGIVER RESPONSES TO MANAGING ELDERLY PATIENTS AT HOME	05/01/86-04/30/89	MICHIGAN STATE UNIVERSITY	201,956
1 R13 AG06614-01	JOSEPH, JAMES A CENTRAL DETERMINANTS/AGE-RELATED DECLINES/MOTOR FUNCTION	09/01/86-08/31/87	NEW YORK ACADEMY OF SCIENCES	4,785
1 R03 AG06615-01	DAVIDSON, HARRIET COPING WITH CHRONIC CANCER AMONG MEN IN THE MIDDLE AND L	04/07/86-04/06/87	UNIVERSITY HOSPITAL (BOSTON)	22,676
1 R01 AG06765-01	GERMAN, PEARL S IMPACT OF MENTAL MORBIDITY ON NURSING HOME EXPERIENCE	08/01/86-07/31/90	JOHNS HOPKINS UNIVERSITY	272,855
7 R01 AG06766-01	WALKER, ALEXIS J PARENT CARING AND THE MOTHER DAUGHTER RELATIONSHIP	06/01/86-05/31/88	OREGON STATE UNIVERSITY	114,807
1 R01 AG06770-01	VITALIANO, PETER P STRESS IN ALZHEIMERS PATIENT-SPOUSE INTERACTIONS	07/01/86-06/30/89	UNIVERSITY OF WASHINGTON	82,475
1 R13 AG06771-01	COFFINO, PHILIP FASEB SUMMER RESEARCH CONFERENCE: SOMATIC CELL GENETICS	07/01/86-07/31/86	FEDERATION OF AMER SOC FOR EXPER BIO	4,000
1 U01 AG06777-01	BRODY, JACOB A ALZHEIMER'S DISEASE PATIENT REGISTRY	09/30/86-08/31/89	UNIVERSITY OF ILLINOIS AT CHICAGO	542,007

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1 U01 AG06781-01	LARSON, ERIC B ALZHEIMER'S DISEASE PATIENT REGISTRY	09/30/86-08/31/89	UNIVERSITY OF WASHINGTON	197,484
1 U01 AG06782-01	KULLER, LEWIS H ALZHEIMER DISEASE PATIENT REGISTRY	09/30/86-08/31/89	UNIVERSITY OF PITTSBURGH	303,819
1 U01 AG06786-01	KURLAND, LEONARD T ALZHEIMERS DISEASE PATIENT REGISTRY	09/30/86-08/31/89	MAYO FOUNDATION	235,886
1 U01 AG06789-01	EVANS, DENIS A ALZHEIMER'S DISEASE REGISTRY IN A DEFINED COMMUNITY	09/30/86-08/31/89	BRIGHAM AND WOMEN'S HOSPITAL	431,229
1 U01 AG06790-01	HEYMAN, ALBERT CONSORTIUM FOR ESTABLISHING AN ALZHEIMER DISEASE REGISTR	09/30/86-08/31/89	DUKE UNIVERSITY	691,504
7 R01 AG06791-01	SCHWARTZ, MYRNA F PATTERNS OF COGNITIVE DEFICIT IN ALZHEIMER'S DISEASE	07/01/86-11/30/86	MOSS REHABILITATION HOSPITAL	100,022
1 R01 AG06826-01	SALTHOUSE, TIMOTHY A ADULT AGE DIFFERENCE IN REASONING AND SPATIAL ABILITIES	08/01/86-07/31/89	GEORGIA INSTITUTE OF TECHNOLOGY	33,845
7 R01 AG06827-01	MOSSEY, JANA M DETERMINANTS OF RECOVERY AMONG WOMEN	07/01/86-01/31/87	MEDICAL COLLEGE OF PENNSYLVANIA	147,281
9 R01 AG06828-04	THOMAS, JOHN PRECURSORS OF HYPERTENSION: THE MEHARRY COHORT STUDY	08/01/86-07/31/88	MEHARRY MEDICAL COLLEGE	95,392
7 R01 AG06833-01	PERL, DANIEL P TRACE ELEMENTS IN AGED NEURONS AND SENILE DEMENTIA	07/01/86-11/30/88	MOUNT SINAI SCHOOL OF MEDICINE	113,096
1 R43 AG06834-01	MILLNER, ALAN R ULTRASONIC SCANNER FOR OSTEOPOROSIS	09/01/86-03/31/87	WALKER MAGNETICS GROUP, INC.	49,920
1 R01 AG06840-01	WASTNEY, MERYL E KINETIC ANALYSIS OF ZN METABOLISM IN HUMANS	08/01/86-07/31/89	GEORGETOWN UNIVERSITY	112,552
1 R23 AG06856-01	TAYLOR, ROBERT J FAMILIAL/NON-FAMILIAL SUPPORT NETWORK BLACK/WH ELDERLY	08/01/86-07/30/89	BOSTON COLLEGE	49,179
7 R01 AG06899-01	OUSLANDER, JOSEPH G GERIATRIC URINARY INCONTINENCE	09/01/86-02/28/87	JOHNS HOPKINS UNIVERSITY	63,010
1 R01 AG06901-01	GUR, RAQUEL E BEHAVIOR & BRAIN FUNCTION IN NORMAL AGING & ALZHEIMERS	09/01/86-08/31/89	UNIVERSITY OF PENNSYLVANIA	206,418

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1 R43 AG06902-01	MATHEWS, ASHLEY R DEVELOPMENT OF A PRACTICAL OLFACTOMETER	09/30/86-03/29/87	ENVIRONMENTAL DEVICES, INC.	48,969
1 R43 AG06905-01	KILLION, MEAD C HIGH FIDELITY HEARING AID SIGNAL PROCESSING AMPLIFIER	09/15/86-03/14/87	ETYMOTIC RESEARCH	49,328
1 R43 AG06906-01	WALSH, PATRICK E AN ACOUSTIC AID FOR MILD CONDUCTIVE LOSS IN CHILDREN	09/30/86-03/29/87	INNOVATIVE HEARING CORPORATION	40,902
7 R01 AG06945-01	BLAIR, STEVEN N IMPACT OF PHYSICAL FITNESS AND EXERCISE ON HEALTH	08/01/86-07/31/88	INSTITUTE FOR AEROBICS RESEARCH	67,467
7 R01 AG06946-01	ORME, IAN M AGING AND IMMUNITY TO TUBERCULOSIS	09/01/86-12/31/89	COLORADO STATE UNIVERSITY	19,003
1 R43 AG06953-01	HAYMAN, EDWARD G IMPROVED GROWTH MATRIX FOR HYBRIDOMA CULTURES	09/29/86-03/31/87	VERAX CORPORATION	50,000
1 R43 AG06954-01	HOZIER, JOHN C MAMMALIAN DNA SEQUENCE MAPPING CENTER	09/30/86-03/31/87	GENETICS DATA SERVICES, INC.	50,000
1 R43 AG06955-01	ALINE, ROBERT, JR IMPROVED MOLECULAR PROBES	09/29/86-03/31/87	HALYCON	50,000
7 R23 AG06970-01	WASHBURN, RICHARD A EPIDEMILOGY OF ACTIVITY IN A BIRACIAL OLDER POPULATION	09/01/86-08/31/89	UNIVERSITY OF MASSACHUSETTS AMHERST	50,625
1 R43 AG06975-01	VOELKEL, STEVEN A TECHNIQUES FOR GENE TRANSFER IN FISH	09/29/86-03/31/87	HELIX INTERNATIONAL CORPORATION	50,000
1 R43 AG06976-01	PICCIANO, PAUL T MUSSEL-ADHESIVE PROTEIN: A SUBSTRATE FOR CELLS IN VITRO	09/29/86-03/31/87	BIOPOLYMERS, INC.	47,992
7 R23 AG06977-01	ROSENTHAL, MARK J CENTRAL REGULATION OF GLUCOCORTICOIDES EFFECTS OF AGE	09/01/86-08/31/89	UNIVERSITY OF CALIFORNIA LOS ANGELES	41,699
2 Y01 AG10033-05	HEMPERLEY, JOHN D FEDLINK/OCLC, INC SERVICES	10/01/80-12/06/85	U.S. LIBRARY OF CONGRESS	4,490
2 Y01 AG10035-06	PAYNE, THOMAS H AGES-CHANGES IN VISION, AND HEARING	01/01/81-04/02/86	U.S. OFFICE OF NAVAL RESEARCH	50,000
2 Y02 AG20040-04	FROMMER, PETER L INVESTIGATION OF SENILE DEMENTIA AMONG PARTICIPANTS IN F	01/19/82-08/31/86	U.S. NATIONAL INSTITUTES OF HLTH	147,000

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3 N01 AG22132-04	SATO, GORDON H ASSESSMENT OF HUMAN CELLULAR AGING	09/01/82-08/31/87	W. ALTON JONES CELL SCIENCE CENTER	242,578
5 N01 AG22137-04	HOLMES, MONICA B SURVEY OF THE LAST DAYS OF LIFE	09/30/82-11/30/86	DMH ASSOCIATES, INC.	26,526
5 N01 AG32103-08	BOLK, MELVIN MAINTAIN A COLONY OF GENETICALLY DEFINED AGED MICE	02/01/83-01/31/92	CHARLES RIVER BREEDING LABORATORIES	364,593
5 N01 AG32104-09	RUSSELL, ROBERT J MAINTAIN A COLONY OF GENETICALLY DEFINED AGED RATS	02/15/83-02/14/92	HARLAN SPRAGUE DAWLEY, INC.	543,661
3 N01 AG32122-03	GARNER, F M PATHOLOGY MONITORING OF A FISCHER 344 AGED RAT COLONY	09/30/83- / /	BIOPATH	16,167
2 Y01 AG40051-01	HEMPERLEY, JOHN O FEDLINK/BRS	10/01/85-06/23/86	U.S. LIBRARY OF CONGRESS	842
5 N01 AG42101-02	BOWDEN, DOUGLAS M PRIMARY RESOURCE AND BIOMARKER DEVELOPMENT	03/31/84-03/30/89	UNIVERSITY OF WASHINGTON	206,398
3 N01 AG42103-02	HALL, WILLIAM C PATHOLOGY IN A MULTIGENOTYPIC AGED MOUSE COLONY	03/31/84- / /	MICROBIOLOGICAL ASSOCIATES, INC.	20,906
5 N01 AG42109-01	WEISFELDT, MYRON L ASSESSMENT OF CARDIAC STRUCTURE AND FUNCTION IN AGED MEN	09/30/84-09/29/89	JOHNS HOPKINS UNIVERSITY	218,235
5 N01 AG42110-03	BLAZER, DAN G, III POPULATION FOR EPIDEMIOLOGIC STUDY OF ELDERLY	09/30/84-09/29/90	DUKE UNIVERSITY	842,991
5 N01 AG42111-03	RIDDLE, DONALD L OPERATION OF A CAENORHABDITIS GENETICS CENTER	09/30/84-09/29/89	UNIVERSITY OF MISSOURI COLUMBIA	17,428 J
2 Y01 AG50054-01	PREVENTION OF FALLS IN THE ELDERLY	04/01/86-07/07/86	U.S. NATIONAL INSTITUTES OF HLTH	62,748
3 Y01 AG50055-02	BAUM, SAMUEL THE DEVELOPMENT OF AN INTERNATIONAL DATA BASE ON AGING	04/01/85-02/07/86	U.S. BUREAU OF THE CENSUS	76,720
2 Y01 AG50063-01	OFFICE OF DIRECTOR, STAFF NEEDS OF OLDER PERSON	05/19/86-05/04/86	U.S. NATIONAL AERONAUTICS & SPACE ADMIN	26,000
3 Y01 AG50064-01	WHITTINGTON, RICHARD W CLINICAL RESEARCH SERVICES	07/01/85-07/01/85	U.S. VETS ADMIN MED CTR (GAINESVILLE,FL)	52,263

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2 Y01 AG50068-02	BIBB, WILLIAM R ESTABLISH AND MAINTAIN FROZEN EMBRYO BANK	09/15/85-08/15/85	U.S. DEPARTMENT OF ENERGY--OAK RIDGE OP	59,692	J
2 Y01 AG50070-01	FEINLEIB, MANNING DEVELOP SPECIAL DATA FILE ON AGING	08/15/86-02/27/86	U.S. NATIONAL CENTER FOR HLTH STATISTICS	5,000	
2 Y01 AG50072-02	KOVAR, MARY GRACE THE LONGITUDINAL STUDY OF AGING (LSOA)	09/01/85-02/07/86	U.S. NATIONAL CENTER FOR HLTH STATISTICS	170,000	
3 Y01 AG50072-03	FEINLEIB, MANNING LOGITUDINAL STUDY OF AGING (LSOA)	09/01/85-09/17/86	U.S. BUREAU OF THE CENSUS	6,700	
3 N01 AG52107-01	HUANG, LIEN-FU MICROECONOMICS OF AGING, HEALTH STATUS AND EXPENDITURES	09/23/85- / /	APPLIED SYSTEMS INSTITUTE, INC.	122,488	
5 N01 AG52115-01	DAVIS, TOM W MAINTENANCE OF A LONG-TERM COLONY OF AGED HYBRID RATS	09/30/85-09/29/94	CHARLES RIVER BREEDING LABORATORIES	91,220	
1 Y01 AG60069-00	TURTURRO, ANGELO BIOMARKERS OF AGING: ANIMAL CARE	02/17/86-02/17/86	U.S. NATIONAL CTR FOR TOXICOLOGICAL RES	950,000	
1 Y01 AG60075-00	ROSS, KARYN ASSESSMENT OF PRIMATE AGING	04/01/86-03/26/86	U.S. NATIONAL INSTITUTES OF HLTH	187,146	
1 Y01 AG60076-00	HEMPERLEY, JOHN O DIALOG	10/01/85-12/06/86	U.S. LIBRARY OF CONGRESS	4,390	
1 Y02 AG60077-00	ALEXANDER, DUANE F MULTIPLE LINEAR REGRESSION ANALYSIS	07/01/86-06/13/86	U.S. NATIONAL INSTITUTES OF HLTH	50,000	
1 Y01 AG60078-00	KEANE, JOHN G ANNUAL REPORT ON TRENDS IN THE CHARACTERISTICS OF THE EL	06/01/86-06/14/86	U.S. BUREAU OF THE CENSUS	30,000	
1 Y01 AG60079-00	BI-ANNUAL REPORT ON TRENDS IN THE HEALTH OF THE ELDERLY	07/01/86-07/23/86	U.S. NATIONAL CENTER FOR HLTH STATISTICS	20,000	
1 Y01 AG60081-00	KEANE, JOHN G SURVEY OF INCOME AND PROGRAM PARTICIPATION (SIPP)	08/15/86-08/19/86	U.S. BUREAU OF THE CENSUS	30,000	
1 Y01 AG60084-00	ROSS, KARYN S FEDLINK/OCLC, INC. SERVICES	10/01/85-08/20/86	U.S. LIBRARY OF CONGRESS	2,200	
1 N01 AG62109-00	GREENE, ARTHUR E PRODUCTION OF GENETICALLY MARKED CELL FOR AGING RESEARCH	02/01/86-01/31/91	INSTITUTE FOR MEDICAL RESEARCH	290,634	J

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5 N01 AG62109-02	GREENE, ARTHUR E PRODUCTION OF GENETICALLY MARKED CELL FOR AGING RESEARCH	02/01/86-01/31/91	INSTITUTE FOR MEDICAL RESEARCH	333,977	J
2 Y01 AG80011-08	HEMPERLEY, JOHN O BIBLIOGRAPHIC RETRIEVAL SERVICES	05/15/79-12/06/85	U.S. LIBRARY OF CONGRESS	8,680	
2 Y01 AG90018-11	BARBANO, HELEN E NHANES EPIDEMIOLOGIC FOLLOWUP SURVEY	05/15/78-12/02/85	U.S. NATIONAL CENTER FOR HLTH STATISTICS	306,000	
1 R13 AI23255-01	ROSE, NOEL R 1986 FASEB SUMMER RESEARCH CONFERENCE ON AUTOIMMUNITY	06/09/86-12/31/86	FEDERATION OF AMER SOC FOR EXPER BIO	2,000	J
2 R01 AR30582-21	KURLAND, LEONARD T EPIDEMIOLOGY PROGRAM PROJECT	09/01/81-08/31/91	MAYO FOUNDATION	18,977	J
1 R13 DK36800-01	SZURSZEWSKI, JOSEPH H NEUROMUSCULAR FUNCTION AND DYSFUNCTION IN AGING	03/01/86-02/28/87	MAYO FOUNDATION	5,000	J
1 T34 GM08055-01A1	CLARKE, DONALD D MARC HONORS UNDERGRADUATE RESEARCH TRAINING PROGRAM	06/01/86-05/31/91	FORDHAM UNIVERSITY	25,000	J
1 T36 GM08209-01	WASHINGTON, ARTHUR C NATIONAL INSTITUTE OF SCIENCE NATIONAL MEETING, 1986	03/11/86-03/10/87	NATIONAL INSTITUTE OF SCIENCE	5,000	J
1 R13 GM35709-01	PORTER, KEITH R DECENNIAL REVIEW CONFERENCE	03/01/86-02/28/87	TISSUE CULTURE ASSOCIATION	5,000	J
5 N01 HC48053-04	SCHNAPER, HAROLD W SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	UNIVERSITY OF ALABAMA AT BIRMINGHAM	515,532	J
5 N01 HC48055-04	BLAUFOX, MORTON D SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	YESHIVA UNIVERSITY	490,135	J
5 N01 HC48057-04	VOGT, THOMAS M SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	KAISER FOUNDATION RESEARCH INSTITUTE	538,670	J
5 N01 HC48062-04	GRIMM, RICHARD H, JR SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	UNIVERSITY OF MINNESOTA OF MNPLS-ST PAUL	294,229	J
5 N01 HC48063-05	BERKSON, DAVID M SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	NORTHWESTERN UNIVERSITY	500,000	J
5 N01 HC48064-05	CURB, JESS D SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	PACIFIC HEALTH RESEARCH INSTITUTE	34,894	J

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5 N01 HC48066-04	KOSTIS, JOHN B SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	UNIV OF MED/DENT NJ-R W JOHNSON MED SCH	272,419	J
5 N01 HC48067-05	APPLEGATE, WILLIAM B SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	UNIVERSITY OF TENN CENTER HEALTH SCIEN	500,443	J
5 N01 HC48068-04	PERRY, H MITCHELL, JR SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	WASHINGTON UNIVERSITY	451,964	J
5 N01 HC48069-04	BLACK, HENRY R SYSTOLIC HYPERTENSION IN THE ELDERLY	06/30/84-08/31/91	YALE UNIVERSITY	401,714	J
5 T32 HD07014-12	HAUSER, ROBERT M DEMOGRAPHY AND ECOLOGY	07/01/75-06/30/90	UNIVERSITY OF WISCONSIN MADISON	22,252	J
5 T32 HD07064-09	HERMALIN, ALBERT I POPULATION AND HUMAN ECOLOGY	07/01/78-06/30/88	UNIVERSITY OF MICHIGAN AT ANN ARBOR	28,732	J
5 T32 HD07168-08	UDRY, J RICHARD POPULATION RESEARCH TRAINING	07/01/79-06/30/89	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL	28,732	J
5 T32 HD07242-05	PRESTON, SAMUEL H GRADUATE TRAINING IN DEMOGRAPHY	07/01/82-06/30/87	UNIVERSITY OF PENNSYLVANIA	29,056	J
5 T32 HD07275-03	LEE, RONALD D INTERDISCIPLINARY TRAINING IN DEMOGRAPHY	07/01/84-06/30/89	UNIVERSITY OF CALIFORNIA BERKELEY	29,592	J
5 T32 HL07011-12	KULLER, LEWIS H CARDIOVASCULAR EPIDEMIOLOGY AND PREVENTION	07/01/75-06/30/90	UNIVERSITY OF PITTSBURGH	69,370	J
5 T32 HL07110-12	GOLDMAN, ISRAEL D MEMBRANE PHENOMENA RELEVANT TO CARDIOVASCULAR DISEASES	07/01/80-06/30/90	VIRGINIA COMMONWEALTH UNIVERSITY	32,855	J
1 R01 LM04552-01	STRICKLAND, STEPHEN P CENTENNIAL YR HISTORY OF NIH RES GRANT & EXTRAMURAL PROG	12/01/85-11/30/86	INDIVIDUAL AWARD--STRICKLAND, STEPHEN P.	2,768	J
5 T32 NS07078-10	LAMPERT, PETER W PATHOGENESIS OF VIRUS INDUCED BRAIN DISEASE	07/01/85-06/30/90	UNIVERSITY OF CALIFORNIA SAN DIEGO	41,169	J
1 N01 OD62107-00	MC KEE, J C CONDUCT A RESEARCH ASSOCIATES PROGRAM IN BIOTECHNOLOGY	12/31/85-12/30/89	NATIONAL ACADEMY OF SCIENCES	73,846	J
5 U09 RG00010-05	KONTOS, HERMES A EXPERIMENTAL CARDIOVSCULAR SCIENCES STUDY SECTION	07/01/84-06/30/86	U.S. PHS PUBLIC ADVISORY GROUPS	97,000	J

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7 U09 RG10769-16	EATON, DOUGLAS C PHYSIOLOGY STUDY SECTION	07/01/86-06/30/87	U.S. PHS PUBLIC ADVISORY GROUPS	100,000	J
5 P51 RR00163-27	LASTER, LEONARD SUPPORT FOR REGIONAL PRIMATE RESEARCH CENTER	05/01/78-04/30/89	MEDICAL RESEARCH FOUNDATION OF OREGON	26,627	J
5 P51 RR00164-25	WALSH, JOHN J SUPPORT FOR REGIONAL PRIMATE RESEARCH CENTER	06/01/78-04/30/88	TULANE UNIVERSITY OF LOUISIANA	36,575	J
5 P51 RR00166-25	LEIN, JOHN N REGIONAL PRIMATE RESERACH CENTER	06/01/76-04/30/87	UNIVERSITY OF WASHINGTON	17,694	J
5 P51 RR00167-26	BOCK, ROBERT M REGIONAL PRIMATE RESEARCH CENTER SUPPORT	06/01/76-04/30/89	UNIVERSITY OF WISCONSIN MADISON	52,022	J
5 P51 RR00169-25	RHODE, EDWARD A CALIFORNIA PRIMATE RESEARCH CENTER	06/01/75-04/30/90	UNIVERSITY OF CALIFORNIA DAVIS	40,649	J
1 M01 RR02719-01	ZIEVE, PHILIP D GENERAL CLINICAL RESEARCH CENTER	12/01/85-11/30/88	JOHNS HOPKINS UNIVERSITY	649,405	J
5 T32 RR07002-10	STRANDBERG, JOHN D LABORATORY ANIMAL MEDICINE AND PATHOLOGY	07/01/77-06/30/90	JOHNS HOPKINS UNIVERSITY	68,622	J
5 T32 RR07008-10	RINGLER, DANIEL H TRAINING IN LABORATORY ANIMAL SCIENCE AND MEDICINE	07/01/82-06/30/87	UNIVERSITY OF MICHIGAN AT ANN ARBOR	57,174	J
5 T32 RR07019-05	VAN HOOSIER, GERALD L, JR COMPARATIVE MEDICAL TRAINING PROGRAM	09/01/82-06/30/87	UNIVERSITY OF WASHINGTON	65,112	J
2 S06 RR08016-16	LITTLETON, GEORGE K BIOMEDICAL INTERDISCIPLINARY PROJECT	06/01/77-07/31/90	HOWARD UNIVERSITY	54,064	J
3 S06 RR08022-15S1	CHOPRA, BALDEO K RESEARCH METHODS FOR PREPROFESSIONAL STUDENTS	01/01/79-12/31/88	JOHNSON C. SMITH UNIVERSITY	46,903	J
2 S06 RR08038-16	ALDRIDGE, JAMES W MBRS PROGRAM AT PAN AMERICAN UNIVERSITY	06/01/77-07/07/90	PAN AMERICAN UNIVERSITY	101,061	J
5 S06 RR08064-15	VERRETT, JOYCE M SUPPORT FOR BIOMEDICAL RESEARCH	06/01/77-08/31/88	DILLARD UNIVERSITY	46,201	J
5 S06 RR08139-12	ATENCIO, ALONZO C MINORITY BIOMEDICAL RESEARCH SUPPORT PROGRAM	08/20/77-12/31/87	UNIVERSITY OF NEW MEXICO ALBUQUERQUE	8,645	J

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BY GRANT NUMBER

GRANT NUMBER	PRINCIPAL INVESTIGATOR TITLE	PROJECT DATES	INSTITUTION	TOTAL AWARD	
5 S06 RR08194-07	RODRIGUEZ, PAUL H MINORITIES IN RESEARCH AND SCIENCE ACHIEVEMENT	09/01/83-08/31/87	UNIVERSITY OF TEXAS SAN ANTONIO	83,403	J
1 S06 RR08239-01	EYLAR, EDWIN H MBRS PROGRAM AT THE PONCE SCHOOL OF MEDICINE	09/30/86-05/31/89	PONCE SCHOOL OF MEDICINE	31,872	J
GRAND TOTAL:			812	124,193,999	

J = JOINTLY FUNDED, NIA MONIES LISTED

NATIONAL CENTER FOR HEALTH STATISTICS

The National Center for Health Statistics (NCHS) is the Federal Government's principal health statistics agency. NCHS data systems address the full spectrum of concerns in the health field from birth to death, including overall health status, life style, the onset and diagnosis of illness and disability, and the use of health care.

The Center maintains over a dozen surveys that collect health information through personal interviews; physical examination and laboratory testing; review of hospital, nursing home, and physician records; and other means. These data systems, and the analysis and reports that follow, are designed to provide information useful to a variety of policy makers and researchers. NCHS frequently responds to requests for special analyses of data that have already been collected, and solicits broad input from the health community in the design and development of its surveys.

Since most of the data systems maintained by NCHS encompass all age groups in the population, a broad range of data on the aging of the population and the resulting impact on health status and the use of health care are produced. For example, NCHS data has documented the continuing rise in life expectancy and trends in mortality that are essential to make population projections. Surveys examine the use of health services by the elderly, including hospitals, nursing homes and physicians' offices. Data are collected on the extent and nature of disability and impairment, limitations on functional ability, and the use of special aids.

In addition to NCHS surveys of the overall population that produce information of use in examining the aging of the population and the health of the aged, a number of activities are of special interest:

1986 National Mortality Followback Survey

During 1986, data collection began for the National Mortality Followback Survey, the first such survey in 18 years. The followback survey broadens the information available on the characteristics of mortality among the population of the United States from the routine vital statistics system by making inquiry of the next of kin of a sample of decedents. Because two-thirds of all deaths in the Nation in a year occur at age 65 or older, the 1986 survey provides for the study of health and social care provided to older decedents in the last year of life. This is a period of great concern for the individual, the family and community agencies. It is also a period of large expenditures. Agency program planning and national policy development on such issues as hospice care and home care can be enlightened by the data from the Survey.

1985 National Nursing Home Survey

During 1985, NCHS collected data for the National Nursing Home Survey (NNHS), which will provide valuable information in an area of increasing concern. The NNHS was first conducted in 1973–74 and again in 1977 in order to provide comprehensive national data on a periodic basis to meet the needs of those who set standards for, plan, provide and assess long-term care services. The purposes of the surveys are to:

—collect national baseline data on characteristics of the nursing home, its services, residents, and staff; such information is obtained from a sample of all nursing homes in the Nation, regardless of whether or not they participate in Federal programs such as Medicare and Medicaid;

—collect data on certification for participation in the Medicare and Medicaid programs (such as the utilization of certified beds and the health of residents receiving program benefits) so that all data can be analyzed by certification status;

—collect data from next of kin on availability of family to provide assistance to the nursing home resident, reason for the resident's admission, the resident's lifetime use of nursing home care;

—provide comparable data for valid trend analysis on a variety of topics (for example, the impact of legislative changes in standards and in reimbursement on the growth of facilities, and of the impact of institutionalization on the health of the aged); and

—interrelate facility, staff, and resident data to reveal the relationships that exist between utilization, services offered, charges for care, and the cost of providing care.

For the initial survey conducted in 1973–74, the universe included only those nursing homes that provided some level of nursing care, regardless of whether or not they were participating in the Medicare or Medicaid Programs. Thus, homes providing only personal or domiciliary care were excluded. Beginning with the 1977 survey, the universe was expanded to include all nursing, personal care, and domiciliary care homes, regardless of their participation in Medicare or Medicaid. Homes that provide room and board only are excluded.

Data from the 1985 survey will be analyzed and published during 1987, 1988, and 1989 in NCHS reports. Initial reports representing provisional data will be available in late spring 1987. In addition, computer tapes will be made available to the National Technical Information Service for public distribution.

1984 SUPPLEMENT ON AGING

In 1984, the National Health Interview Survey included a supplement on the older population of the United States, which focused on a wide range of health information about persons aged 50 and older living in the community. This supplement provides unique baseline data on the well-known measures of activities of daily living and functional status which can identify less severe levels of dysfunction along any of the dimensions. This is particularly important for classifying functional status among the noninstitutionalized population and is essential for the assessment of the causes of institutionalization as well as the development of intervention strategies.

Publications from the Supplement on Aging were released in 1986 and more in-depth analysis is planned.

LONGITUDINAL STUDY ON AGING

The NCHS, in collaboration with the National Institute on Aging (NIA), is conducting a prospective study, The Longitudinal Study of Aging based on the 1984 Supplement on Aging described above. The 1984 Supplement on Aging is especially suitable as a baseline for followup because it was derived from a national probability sample and because the supplement was designed to provide a multi-dimensional assessment of functional status. The Longitudinal Study has three parts. (1) All 16,148 individuals age 55 and over will be followed for 10 years through The National Death Index; (2) all individuals age 80 and over in 1984 and half of those aged 70-79 are being reinterviewed by telephone in 1984 and 1986; and (3) the records of interviewed individuals will be matched against Medicare records to determine hospital care.

The first telephone interview has been completed and release of the first public-use data tapes is projected for late spring of 1987.

NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

The National Health and Nutrition Examination Survey (NHANES) provide valuable information available only through direct physical examinations of a probability sample of the population. The first NHANES, called NHANES I, was conducted in the period 1971-75. The NHANES I Epidemiologic Followup Survey, conducted by NCHS over the last several years, tracks and reinterviews the more 14,000 persons examined as part of the NHANES I study, focusing on those factors measured in the earlier survey and relating them to current health conditions, functioning and mortality. While persons examined in NHANES I were all under age 75, by 1986 more than 2,000 of these individuals were over 75, providing a valuable study group to examine the aging process. The elderly persons in this study are being interviewed once again in 1987 to further study mortality, institutionalization, and health status.

This study was jointly initiated by NIA and NCHS and is being conducted by NCHS in close collaboration with other NIH Institutes and ADAMHA agencies.

PLANS FOR THE 1988 NHANES III

Planning is now talking place for the NHANES III, which will be in the field from 1988-94. The NHANES are unique in the approach of including physical examinations, physiologic measurements and biochemical measurements in addition to questionnaire items. It is anticipated the survey will include 30,000 examined persons of whom approximately 5,000 will be age 65 or older. In addition, the survey is planned to oversample blacks and Hispanics in all age ranges, including older persons.

There are special features of this NHANES III design, being considered which make it particularly useful for the assessment of the health of older Americans. These include:

—Large representative national sample with an oversample of older persons
—Longitudinal component—all persons interviewed will be followed long-term
—Oversample of blacks and Hispanics
—Long term biological specimen storage of *sera*
—Supplemental component for older persons
—Physical function—both self reported and performance-based
—Social function
—Cognitive function

STUDY OF STATISTICAL ISSUES IN HEALTH POLICY ANALYSIS FOR AN AGING POPULATION

NCHS has taken a leading role in a jointly-sponsored project being conducted by the Committee on National Statistics of the National Academy of Science to examine the adequacy of current statistics and to identify activities to increase the relevance of health statistics for policy analysis of aging issues. The study will:

—identify health policy issues concerning the aging population over the next decade and determine whether needed data are available;
—develop a rationale for assigning priorities for filling health data gaps and recommend economical ways of obtaining the needed data;
—recommend actions at various decision points in statistical programs that would enhance the policy relevance of statistical products about the elderly; and
—develop an agenda for methodological research designed to increase quantitative information useful for policy analysis.

This project is being jointly sponsored by NCHS, the Health Care Financing Administration, the National Institute on Aging, the National Institute of Mental Health, the Veterans' Administration and the Social Security Administration. A final report is expected in spring 1987.

THE 1987 CONFERENCE ON DATA FOR AN AGING POPULATION

The National Center for Health Statistics will conduct its 21st biennial Public Health Conference on Records and Statistics July 13-15, 1987, in Washington, D.C. The theme is Data for An Aging Population. Emphasis is given to issues of health, research and public policy for now and into the 21st century. The Conference, jointly sponsored by NIA and the Bureau of the Census, has three themes: data for public policy, methodology and measurement issues and analysis, trends and projections. Conference proceedings will be available in early 1988.

NEW REPORT ON HEALTH STATISTICS OF OLDER PERSONS

The NCHS, with support provided by the NIA, is preparing an indepth report on health statistics of older persons. The report presents data on the wide variety of data systems of NCHS. It covers data on mortality, health status, and use of health care. The reporting categories for age have, in most cases, been expanded to provide greater detail than generally is available in NCHS reports, for example, data for the oldest-old is presented whenever sample size is large enough. Although a major focus of the report is the research audence, who are looking for detailed data; other groups including policy makers and those involved in service delivery should find it useful. Publication is targeted for late spring 1987.

THE NATIONAL CENTER FOR HEALTH SERVICES RESEARCH AND HEALTH CARE TECHNOLOGY ASSESSMENT

The National Center for Health Services Research and Health Care Technology Assessment (NCHSR) seeks to create new knowledge and better understanding of the processes by which health services are made available and how they may be provided more efficiently, more effectively, and at lower cost. As an important source of Federal support for health services research, NCHSR is responsible for ensuring that comprehensive and systematic research is conducted to test the assumptions on which current health policies and delivery practices are based, developing the means to monitor the performance of the health care system and examining new options for the organization, delivery, and financing of health services. NCHSR's research policy analytic capacity is targeted to the needs of health care policymakers, including executive and legislative officials at the Federal, State, and local levels, health care providers, and consumers.

The NCHSR extramural research program providers support for investigator-initiated and peer-reviewed health services research projects. The intramurals research program conducts studies that have immediate as well as long-term relevance.

NCHSR's Office of State and Local User Liaison is responsible for disseminating the results of health services research to State and local government officials.

DIVISION OF INTRAMURAL RESEARCH

LONG-TERM CARE PROJECT

The Long-Term Care Project of the NCHSR Division of Intramural Research is conducting research on the financing and delivery of long-term care. Private financing mechanisms to relieve the catastrophic burden of long-term care expenses were a major focus of research activity in fiscal year 1986, with NCHSR participating fully in Secretary Bowen's initiative on this topic. The potential for including home and community benefits in long-term care insurance was reviewed, along with the concept of service credit programs as a way to support the informal care system that comprises such a large part of all long-term care. Survey data collected by NCHSR are being compared to responses from an AARP survey to assess consumer interest in purchasing insurance for long-term care, and demand models are being estimated to assess the market for such insurance. Other data requirements for developing long-term insurance also have been examined and existing data sets are being explored for their usefulness in clarifying the feasibilty and implications of alternative benefit features.

A recently completed research experiment conducted in San Diego tested the effectiveness of case-mix incentive payments to encourage more appropriate use of nursing homes, better outcomes in nursing home patients, and reductions of hospital backup. The study found that the tested reimbursement system did improve access for heavily dependent Medicaid patients but did not affect patient care outcomes. Secondary analysis of these data will further clarify considerations for successful implementation of nursing home case-mix reimbursement. Estimates of the amount of nursing time needed to care for selected nursing home patients were made as a basis for examining altenative methodologies for measuring nursing case-mix. Longitudinal data from the study of San Diego nursing homes have also been used to examine the effect of multiple admissions on length of stay and are currently being used to explore the clinical course of nursing home patients over time.

The Long-Term Care Project is also undertaking research to determine the feasibility of modeling the major elements of the long-term care system at the State and local level. The goal of this project is to establish a flexibile framework that can be used to assess the consequences of alternative strategies for servicing the health care requirements of an aging population. Existing research and data on relevant issues will be analyzed as the initial basis for the modeling effort.

HEALTH SERVICES FOR THE AGED STUDIES PROGRAM

The aging of the U.S. population has heightened public and private focus on the health, social, and residential services required by individuals who have lost the ability to function independently because of ill health and physical and mental impairments. The increasing risks with age of incurring such impairments, coupled with the rapid growth of the elderly, will ensure that caring for the impaired elderly will continue to be an important issue for public and private policies. The Health Services for the Aged Studies Program (HSASP) was initiated by NCHSR in 1985 to conduct research on health, social, and residential services for physically and mentally impaired elderly.

The HSASP completed analyses in fiscal year 1986 which are of particular relevance to health policy for the elderly:

—Analysis of the characteristics of informal caregivers of the disabled elderly residing in the community using data from the 1982 survey of Caregivers. This study provides a national profile of the demographic and socioeconomic characteristics of the caregivers who assume the responsibility for the care of impaired elderly persons.

—Analysis of the level of caregiver burden using the 1982 Survey of Caregivers. This study provides national estimates of the degree of emotional strain of caregiving and the factors associated with that strain.

—Review of what is known about informal caregiving for the frail elderly. This study presents an overview of the extensive research on informal caregiving and the policy issues related to informal care.

—Analysis of informal caregiving attitudes toward nursing homes using the 1982 Survey of Caregivers. This study documents the attitudes of informal caregivers toward institutionalization of the elderly person they care for and analyzes the factors associated with those attitudes.

Analyses planned for fiscal year 1987 include:

- —Analysis of the relation between the burden of caregiving and employment of informal caregivers using the 1982 Survey of caregivers.
- —Analysis of the use of formal community services and informal care by the population 65 and over using the Supplement on Aging of the Health Interview Survey.
- —Analysis of the determinants of the use of formal and informal in-home care using data from the evaluation of the National Long-Term Care Demonstration (channeling).
- —Comparative review of demonstrations of community care as an alternative to nursing homes, the cost of such care, and the quality of clients' lives.
- —Analysis of the living arrangements of the oldest old using the Supplement on Aging of the Health Interview Survey.

NATIONAL MEDICAL EXPENDITURE SURVEY

During fiscal year 1986, plans were completed for the 1987 National Medical Expenditure Survey (NMES). This survey will provide a unique data base on how the population uses health care, what they pay for this care, and how we finance these expenditures. It will also collect a substantial amount of new information on the elderly and long-term care. The national household survey of the civilian non-institutionalized population will include an oversample of groups of particular policy interest, including the elderly. In addition to the core data on use, expenditures, health insurance, and sociodemographic variables collected for the non-institutionalized population, the 1987 NMES household survey will have a new focus on long-term care. For example, data will be obtained on charges and sources of payment for both formal and informal caregivers and on various measures of health status and functional limitations of the non-institutionalized long-term care population. The 1987 NMES will also include a survey of 13,000 residents of long-term care institutions who resided in such institutions for any part of 1987. This institutional component of the survey will include: 700 nursing and personal care homes; 775 facilities for the mentally retarded; and 200 psychiatric hospitals. Data will be obtained on: health status and functional status; 1987 institutional charges and sources of payment; expenditures and sources of payment for care provided by physicians, acute hospitals and other non-institutional providers during 1987; and length of stay. These data will be supplemented by information obtained from surveys of the next of kin or community respondents. In addition, data will be obtained on the health status and functional limitations of sample patients prior to admission, characteristics of family members, and supplementary data on use, expenditures, and sources of payment during 1987.

During fiscal year 1986, a contract to develop a comprehensive inventory of nursing homes was completed with the Census Bureau. This inventory provides information on the Characteristics of these homes, including bed size, services provided, number of staff, and occupancy rates. This inventory represents the most current and complete census of these institutions and, while it was created to produce the sample of nursing homes for the 1987 NMES, it will be made available to the public for other studies of these institutions.

DIVISION OF EXTRAMURAL RESEARCH

NCHSR's Division of Extramural Research supported a number of projects in fiscal year 1986 on issues related to the elderly and long-term care.

Projects Completed in fiscal year 1986 include:

"ADL Change for Elderly at Risk of Institutionalization" (Katz).—This study was based on secondary analyses on data from two demonstration projects: the Georgia Alternative Health Services Project (sponsored by the Health Care Financing Administration); the Section 222 Homemaker-Day Care Project (sponsored by the National Center for Health Services Research in Kentucky, California, New York, Rhode Island); and one study of Medicare-eligibles in the Cleveland area (conducted by the General Accounting Office). The analyses included: development and validation of a new functional status measurement scale which combines in hierarchical order measures of Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL). The resultant six level scale (shopping, transportation, bathing, dressing, transferring, feeding) can be used to describe a broader range of needs of the elders in the community. This present study also furthered the earlier work of Katz et al. which introduced the concept of active life expectancy (ALE), "the expected duration of well-being." This present study introduced a second concept, dependent life ex-

pectancy (DLE) which estimates the expected years of life one is dependent on personal help to accomplish basic daily activities. Using life table methodologies, this present study provides estimates of life expectancy, active life expectancy, dependent life expectancy, waiting time in each stage of function prior to decline, life time in each stage, average age at entrance to a stage of function, and expected years in different stages of dependency for a synthetic cohort of elders 65 years of age. These works should be of significance to health service planners, providers, insurers, and researchers. Other supporting analyses pursued in the study are: analyses of factors predictive of functional decline; patterns of functional change over a 1-year period; the relationship between level of physical function and change in physical function and utilization of services.

"Policy Conference: Paying Physicians for Geriatric Care" (Butler).—The two-part pre-conference study is based on interviews of 6 geriatricians and 60 office-based physicians who serve elderly patients in three urban areas and one rural location. Few of these practitioners mentioned performing those services which were most commonly mentioned by the experts as specifically needed by the elderly (e.g., mental status exams, environmental or functional assessments). These preliminary findings suggest that the "fit" of service and payment arrangements, and of geriatric principles and practices is poor. The multidisciplinary conference on May 1–2, 1986, discussed implications for future research and policy development, centering on the adaptation of Medicare and other third-party payment arrangements to the service needs of the elderly. Findings were presented at the November 1986 meeting of the Gerontological Society of America, and they are summarized in the two "News Closeup" articles in the September and October 1986 issues of *Geriatrics.*

Projects On-Going in fiscal year 1986 include:

"Consistently High and Low Elderly Users of Medical Care" (Freeborn).—To identify the health, social, economic, and lifestyle factors in elderly patients which differentiate consistently high users of ambulatory care services from those who use them infrequently.

"Computer-Based System for Long-Term Care and Research" (Zielstorff).—To evaluate the role of an automated record of ambulatory medical care in improving the services provided to elderly patients in neighborhood health centers.

"Quality of Life Factors in Geriatric Medicine Decisions" (Pearlman).—To obtain insight into the perceptions of elderly patients, their physicians, and spouses regarding the quality of the patients' lives and its role in medical decisions. This research will help elucidate the relevant considerations in selecting therapeutic end-points for elderly patients, and will provide insight into the general capability of spouses to serve accurately as clinical decision-makers for their conjugal partners.

"Outcomes of Nursing Home Discharges" (Lewis).—To trace and analyze the paths of care and ultimate outcome of patients discharged alive from nursing homes. To the extent that this project is able to provide good information about outcomes of nursing home patients and episodes of institutional care, it could contribute significantly to long-term care policy development.

"Patterns of Medical Care Utilization" (Muller).—To determine the extent to which retired people (with more free time) are more likely to use physician services than they were when they were employed.

"Patient Slip/Falls: Evaluation and Prevention" (Jackson).—To study the etiology of slip/fall incidents in hospitals. Slip/fall incidents detract from the quality of care in hospitals. Their potential to increase complications and prolong length of stay has important health implications and acquires economic salience in the face of prospective reimbursement. This study, by identifying risk factors of slip/falls, may provide the basis upon which interventions can be designed and implemented.

New Starts in fiscal year 1986 include:

"Failure to Thrive Aged in the Nursing Home" (Braun).—To investigate the phenomenon of "failure to thrive" aged in the nursing home. The study is to be exploratory in nature and may begin to identify variables related to failure to thrive and thus serve a hypothesis generating purpose for future study.

"Functional Markers of Predeath" (Branch).—To develop hypotheses about functional markers of predeath that might warrant further retrospective secondary analyses of the Massachusetts Health Care Panel Study data; or which might warrant a closely monitored prospective study of those at highest risk of dying within 2 years.

"Massachusetts Health Care Panel Study: Successive Cohort" (Colten).—To interview and gather data on a recently identified probability sample of 374

elders 66 years of age or older, for comparison with an earlier cohort whose survivors are all now over 75 years old. Information provided by successive cohorts will enable analyses of cohort effects and period effects which cannot be examined with the original cohort only.

"Risk of Physical Functional Change in Nursing Homes" (Spector).—To improve the understanding of the risk factors for physical functional change and discharge status for nursing home patients. A better understanding of what nursing homes are producing in terms of resident outcomes, and a better understanding of how deterioration may be reduced, will provide a basis to both reduce the cost of caring for the elderly and assure that quality care is being provided.

"Study of Chain Nursing Home Costs, Case-Mix and Staffing" (Holahan).—To examine the differences between chain and independent nursing homes with regard to costs, staffing, access and patient mix, and to assess the economic and health effects of corporate involvement in the nursing home industry before and after implementation of a prospective payment system.

"Case Mix Systems for Comprehensive Long Term Care" (Arling).—This National Research Service Award is primarily directed to secondary analysis of a data set previously collected to investigate a case-mix system for comprehensive long term care. The project will further strengthen the research skills of the Fellow with emphasis on modeling, simulation, decision analysis, measurements, and computer applications.

"Impact of Medicare Policy on Long-Term Care" (Sager).—This National Research Service Award enables a combination of course work with a focus in geriatrics and long-term care which will enable the Fellow to improve skills in medical statistics, experimental methodology, project design, epidemiology of chronic disease, and to gain insight into the structure and function of long-term care systems.

STATE AND LOCAL USER LIAISON ACTIVITIES

A 3½-day workshop on long-term care for the elderly will be conducted in July 1987 for State legislators and executive branch officials from a variety of jurisdictions. Major issues addressed at the workshop will include: the nature and magnitude of the informal support system; projections of the growth in the elderly population and its impact upon informal support and public programs; alternative arrangements for financing and delivering long-term care services, such as community-based service programs and Social Health Maintenance Organizations; and private long-term care insurance as a financing option.

OFFICE OF THE SURGEON GENERAL

A. Names of Project Directors: Dr. Faye G. Abdella, Deputy Surgeon General, USPHS; Mr. Charles Wells, Deputy Commissioner, AoA.

B. Institutions: U.S. Public Health Service, Administration on Aging.

C. Title of Project: Memorandum of Understanding between the U.S. Public Health Service and the Administration on Aging, OHDS.

D. Project Period: Effective until cancelled by either the Public Health Service or Administration on Aging.

E. Funding Level: Each agency contributes staff time and covers some administrative costs.

F. Brief Abstract:

There is a Memorandum of Understanding to facilitate cooperative efforts between the Public Health Service (PHS) and the Administration on Aging (AoA), Office of Human Development Services (OHDS) for sponsorship of health promotion for the aging. The PHS provides scientific and technical background on health promotion topics and practices, and the Administration on Aging provides access to its network of State and local agencies on aging for purposes of reaching the elderly and practitioners who work with the elderly. The agencies collaborate in developing and carrying out projects and developing resources in health promotion for the aging, e.g., nutrition; physical fitness and exercise; medication and alcohol use; and accident prevention. In addition, the agencies collaborate to increase the understanding and awareness of health professionals about gerontological concepts and extend and improve education and training in geriatrics and gerontology for these professionals.

OFFICE OF MINORITY HEALTH

BACKGROUND OF THE OFFICE OF MINORITY HEALTH

The Office of Minority Health was created to stimulate and oversee the implementation of the findings and recommendations of the Secretary of HHS' Task Force on Black and Minority Health. The Report was released in October, 1985. It documented that over 60,000 excess deaths occur annually among Asian/Pacific Islanders, Blacks, Hispanics, and Native Americans. Furthermore, it identified six causes that contribute to 80 percent of that excess mortality: cancer, cardiovascular disease and stroke, chemicals dependency, diabetes, violence, and infant mortality.

The Office of Minority Health is organizing a set of programs directed at both the Federal and community sectors which will contribute to:

—an increase in prevention activities in minority communities, including those that spur minority persons to avoid delays in seeking medical care. Part of these activities are to foster community "ownership" of prevention efforts through the Minority Community Health Coalition Grants;

—an institutionalization of minority health concerns in the policy and planning activities of the various operating units of HHS; and

—an increased awareness among voluntary organizations and private foundations of the need for attention to the excess mortality described above.

ACTIVITIES RELATED TO AGING

There is an apparent paradox with respect to aging in most minority communities. On the one hand, the problem of excess mortality means that life expectancies are shorter for most minorities. On the other hand, in large part because of improvements in recent years in the health status of all Americans, including minorities, the number of minority elderly are increasing at a very rapid rate. Therefore, the Office of Minority Health will seek to insure that the burgeoning needs of these minority elderly also receive attention.

In conjunction with the National Institute on Aging and the American Association of Retired Persons, the Office sponsored a 2-day workshop at NIH on September 25-26, 1986, entitled, "Research on Aging Black Populations".

This workshop addressed a number of research issues pertinent to aging among Blacks. As suggested above, the need to focus research upon the Black elderly has resulted from at least four issues:

1. The Black elderly are increasing at a more rapid rate than the white elderly;
2. This population has received little research attention in the past, and we have inadequate information about their morbidity and mortality patterns (e.g., rates of hip fracture—a major problem among whites—appear to be substantially lower among blacks);
3. Following on the above point, it is important to encourage geriatric and gerontological researchers to investigate problems related to minority aging; and
4. The Nation must plan for the care of the Black elderly and cannot assume that strategies that are successful with other populations will work, nor can the Nation assume that Black elderly will have the same illness patterns and service needs as other elderly populations.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

HEALTHY OLDER PEOPLE

The Office of Disease Prevention and Health Promotion (ODPHP), Public Health Services (PHS), is located within the Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services (DHHS). It was established by Public Law 94-317, the National Consumer Health Information and Health Promotion Act of 1976, and functions under the provisions of Title XVII of the Public Health Service Act, as amended. The mission of the Office of Disease Prevention and Health Promotion is to help promote health and prevent disease among Americans. The Office undertakes this mandate by developing prevention policy; coordinating and facilitating the prevention activities of the five agencies of the Public Health Service; and helping to stimulate and foster the involvement of non-Federal groups in disease prevention and health promotion activities.

Healthy Older People is a national public education program on health promotion for people aged 55 and over. Begun in 1984 by the Office of Disease Prevention and Health Promotion of the U.S. Public Health Service, the goal of the program is to educate older peopleabout health practices which can reduce their risks of disabling illness and increase their prospects for more productive and active lives. The Healthy Older People program is also designed to stimulate the development of health promotion programs addressing the special needs of older Americans.

The scientific literature indicates that eating right, exercising regularly, using medicines safely, not smoking, and preventing injuries can pay off in improved health for older people. A marketing study undertaken by ODPHP shows that older people are very interested in maintaining and improving their health and that they are actively seeking information to do so. Older people also report finding it difficult to sort through conflicting information on health habits to decide what is right for them. Summaries of the research evidence and marketing research are attached.

Healthy Older People was developed to address these issues. The major components of the program are described below.

Consumer Materials

The Healthy Older People program developed a variety of consumer education materials to reach older Americans with important health messages. Radio and television public service announcements, pre-packaged radio and TV features, press kits, consumer information sheets and posters on five topics are available. All materials were audience tested and reviewed by experts during developmental stages. The materials are designed to contain the names of a sponsoring organization along with that of the U.S. Public Health Service.

Nationwide Distribution Network

Producing materials is only part of the story. In order to get the materials into the hands of older people a nationwide network of health and aging agencies was established. In 1984, each Governor appointed an individual in the State to take the lead in implementing Healthy Older People. The State coordinators were encouraged to establish coalitions of interested groups to sponsor health promotion activities and distribute Healthy Older People materials. In addition, ODPHP sought the support and participation of national organizations. Over 200 organizations have received information about the program to share with their members.

Training and Technical Assistance

ODPHP has sponsored training programs for State and local contacts on working with the media and maintains a toll-free telephone line for assistance. ODPHP has also collected examples of 50 exemplary program models which are available to individuals at the community level. Periodic communication with the Healthy Older People network is maintained through a Program Memo and updates on research findings are shared through Technical Review Notes.

Evaluation

ODPHP is conducting an evaluation of the program in the 75 largest media markets. Results of this study will shed further light on the health promotion beliefs, attitudes and practices of people aged 55 and over.

ACCOMPLISHMENTS TO DATE

Even though the Healthy Older People materials have been available for less than a year, evidence of the success of the program is already apparent. The following examples indicate success in the use of materials and development of a distribution network.

—*Television PSA's* have aired over 3,500 times with an estimated contributed value of $1.2 million. Spots were hand delivered to stations by State contacts and American Association of Retired Persons (AARP) volunteers.

—*National organizations* are making substantial contributions. The AARP paid for the production and distribution of the television public service announcements, conducted three regional training conferences on community programming, and has recently agreed to fund production and distribution of the Program Memo. The American Hospital Association conducted two national teleconferences for health and aging professionals on health promotion programs for older people. The American Optometric Association paid for the development, printing and distribution of a consumer information sheet on macular degeneration. Numerous articles have run in professional newsletters.

—*Corporate sponsors* are reproducing and distributing Healthy Older People materials. Pfizer Pharmaceuticals is printing and distributing the safe use of medicines consumer materials for community groups. Ciba-Geigy's Tom's River plant is paying for the placement of the radio spots in New Jersey. The National Association of Retail Druggists printed and distributed the medicines poster to 30,000 community pharmacies.

—*Statewide coalitions* are active in approximately 35 States. Activities vary widely with emphasis on reproducing and distributing materials, conducting statewide activities, and providing information to local program developers.

CURRENT STATUS AND FUNDING

The developmental stages of the program are complete. A recently completed analysis of calls to the hotline and to the State coordinators indicates an increasing interest in developing action programs that will encourage older people to adopt and practice the behaviors advocated by Healthy Older People. The current challenge is to make these on-going health promotion programs widely available to older Americans.

Federal funds supported the development of the Healthy Older People program, its materials and network. Federal leadership will continue, and private sources of funds investigated to assure the widespread distribution of health promotion messages and programs at the local level.

ITEM 7. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DECEMBER 16, 1986.

DEAR MR. CHAIRMAN: Thank you for your letter of September 26, 1986, requesting that the U.S. Department of Housing and Urban Development prepare an annual report in our activities affecting the elderly.

The Department is again pleased to report on a variety of programs which benefit the elderly. If I can be of further assistance, please let me know.

Very sincerely yours,

SAMUEL R. PIERCE, Jr.

Enclosure.

U.S. HOUSING FOR THE ELDERLY—FISCAL YEAR 1986

INTRODUCTION

The Department of Housing and Urban Development's (HUD) efforts to serve the elderly are characterized by our concern to maintain and focus housing and services while achieving necessary budget savings. Under the leadership of Secretary Samuel R. Pierce, Jr., HUD has acted to assert administrative responsiveness and direction to insure housing production, to provide opportunities for necessary auxiliary services, to assist the elderly it serves, and to pursue extensive research aimed at improving the quality of life of aging Americans.

The Department has entered the current period of Federal fiscal restraint confident that programs for the elderly will provide the flexibility and level of support necessary to meet their housing needs. The coordination of services for the elderly has been given a high priority by being located in the Office of the Secretary, under the direct supervision of the Deputy Under Secretary for Intergovernmental Relations. Programs of direct loans and loan guarantees to provide adequate production of housing for the elderly are beng maintained, and various offices of HUD are exploring methods of better servicing the elderly we house. HUD also encourages the use of community development funds to assist the elderly.

I. INTERGOVERNMENTAL RELATIONS

In March 1981, Secretary Pierce established the Office of the Deputy Under Secretary for Intergovernmental Relations as a new office within the Office of the Secretary. The Office's Special Advisor for Elderly Programs is responsible for maintaining contact with public interest groups representing the elderly and for responding to their concerns regarding Departmental programs; working with other Federal agencies, the White House, and HUD program offices to ensure specific attention is paid to the elderly population's concerns; and for handling casework problems involving the elderly. The Office works closely with the Administration on Aging (AoA), the Federal Council on Aging (FCA), and over 750 State and local agencies to better coordinate housing initiatives for the elderly. For example, in cooperation with the AoA and the FCA, home equity conversion counseling services will soon become an eligible activity within HUD's housing counseling program.

As part of the Office's outreach effort, over 5,000 copies of the 1985 Annual Report to the U.S. Senate Special Committee on Aging were distributed to local, State, and national elderly organizations, and to interested citizens. Three issues of a periodic housing information report, the *Elderly News Update*, were distributed to over 10,000 interested parties. The Office also published and distributed an *Elderly Housing Fact Sheet* and a *U.S. Housing for the Elderly* report on Department programs to assist the public in better understanding the role of the Department as it pertains to services for the elderly. Additionally, the Office, which co-sponsored a national home equity conference in 1985, distributed over 1,000 copies of the Conference's proceedings. With regards to home equity conversion, the Office continues to monitor developments at the national, State and local levels and sends activity updates to interested national, State and local organizations.

In accordance with a Memorandum of Agreement with the National Endowment of the Arts, the Office distributed the American Institute of Architects' booklet *Design for Aging: An Architect's Guide* to architects throughout the country who design homes for the elderly. In cooperation with the U.S. Conference of Majors, the Office is planning a conference on adaptive reuse of existing structures for elderly housing. The conference is scheduled for spring 1987. Moreover, the Office assisted national, State and local aging organizations to better understand the Department's new regulations on such issues as pets, mandatory meals, and board and care services. The Office of Intergovernment Relations continues to review the housing activities of State and local governments, the public and private sector, and elderly groups in order to better serve elderly Americans.

II. HOUSING

A. Section 202—Direct Loans for Housing for the Elderly or Handicapped

The Administration recognizes the special needs of the elderly and the disabled and continues its strong commitment to assist them. Therefore, even though the Department emphasizes reliance on existing housing stock in its other assistance programs, HUD funded 11,396 Section 202 units in fiscal year 1986.

Section 202 was first enacted as part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction or substantial rehabilitation of housing and related facilities for the elderly or the disabled. The program was intended to serve persons whose income was above public housing eligibility levels, but still insufficient to obtain adequate housing in the private market. In addition, in Fiscal Year 1983, loans were made available for the purchase of existing structures without rehabilitation or with only moderate rehabilitation in order to provide group homes for physicially handicapped, developmentally disabled, or chronically mentally ill adults. The Housing and Community Development Act of 1974 amended the program to permit the use of section 8 housing assistance payments for eligible lower-income persons who live in projects financed under the program. These payments make up the difference between what the tenant is required to pay for rent and the total rent required for the unit. In fiscal year 1986, the interest rate for Section 202 loans was 9¼ percent. It is expected to continue at that level for fiscal year 1987.

From reactivation of the Section 202 program in fiscal year 1974 through Fiscal Year 1986, approximately $8.4 billion has been reserved, representing almost 3,800 projects and nearly 200,000 units including the Fiscal Year 1986 awards. Because of the Department's outreach efforts to help minority Americans, minority sponsors were awarded almost 25 percent of the Fiscal Year 1986 Section 202 funds.

B. Section 231—Mortgage Insurance for Housing for the Elderly

Section 231 of the National Housing Act authorizes HUD to insure lenders against losses on mortgages used for the construction or rehabilitation of rental accommodations for persons aged 62 years or older, married or single.

Section 231 is HUD's principal mortgage insurance program designed solely for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program. Section 231 also permits the construction of congregate housing projects. At the end of Fiscal Year 1986, 499 projects, providing 66,394 units for elderly families, have been insured under the program. Total insurance written was $1.2 billion.

C. Sections 221(d)(3) and (4)—Mortgage Insurance Programs for Multifamily Housing

While these programs are not specifically for the elderly, they are available to nonprofit and profit-motivated mortgagors as alternatives to the Section 231 program. Sections 221(d)(3) and (4) authorize the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures. Special projects for the elderly can be provided under these programs, and may include features such as congregate facilities. Mortgage under Sections 221(d)(3) and (4) can be processed and coinsured by approved coinsuring lenders.

HUD also makes mortgage insurance available under Section 221(d)(4) for Retirement Service Centers, which are market-rate residential rental projects for elderly tenants. The projects provide meals served in central dining facilities and service such as housekeeping and laundry.

From the inception of these programs, through September 1986, 10,675 projects containing 1,140,835 units were insured, for a total of $28.3 billion in insurance written. Residents in 471,197 of these units received Section 8 rental assistance. Approximately one-third of the units have elderly occupants.

D. Section 223(f)—Mortgage Insurance for the Acquisition or Refinancing of Existing Multifamily Housing Projects

This program offers mortgage insurance for existing facilities, including coopertives and rental housing for the elderly, where repair needs do not warrant substantial rehabilitation. Th program can be used either in connection with the purchase of a project or for refinancing only. To the extent that real estate liquidity is enhanced, Section 223(f) encourages investment in residential real estate of all kinds. Prior to its addition to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction.

Mortgage under this program can be processed and coinsured by approved coinsuring lenders.

E. Section 232—Mortgage Insurance for Nursing Homes, Intermediate Care Facilities and Board and Care Homes

The primary objective of the Section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. The vast majority of the residents of such facilities are elderly. Since the beginning of the program in 1959 through September 1986, the Department has insured 1,538 facilities, providing 182,656 beds, for a total of $3.7 billion. In fiscal year 1986, 23 projects, with 3,445 beds, were insured fo $143.4 million.

The Housing and Urban-Rural Recovery Act (HURRA) of 1983 established a Board and Care Home program for the elderly as part of Section 232. The new program permits units with shared bedroom and bath facilities, and central kitchens. These facilities provide 24-hour staffing for oversight of the residents. There is no medical component and no certificate of need is required. Board and Care Homes must meet state and local licensing and occupancy requirements. Regulations implementing the program were published last year in the Federal Register. Underwriting instructions were issued this year to Field Offices, and applications for mortgage insurance under the new program are being accepted and processed.

F. Section 242—Mortgage Insurance for Hospitals

Under Section 242 of the National Housing Act, the Department insures mortgages to finance the construction or rehabilitation of nonprofit and proprietary hospitals, including major moveable equipment. The HURRA of 1983 expanded the coverage of this section to include public hospitals. The Department is now in the process of developing a proposed rule. After the proposed rule has been published in the Federal Register and public comments have been received and considered, a final rule will be published in the Federal Register to implement the legislation.

From the inception of the program through fiscal year 1986, the Department has insured 238 hospitals, providing 64,821 beds, for a total of $5.4 billion. In fiscal year 1986, 6 hospitals, with 2,293 beds, were insured for a total of $493.1 million.

G. Section 8—Rental Assistance and Housing Vouchers

Section 8 of the U.S. Housing Act of 1937 authorizes housing assistance payments to aid lower-income families in renting decent, safe, and sanitary housing. Section 8 provides rental assistance for families in a variety of housing types, including new construction, substantial and moderate rehabilitation, and existing housing. Under the programs, assisted families generally pay 30 percent of adjusted income toward rent and HUD pays the difference between that and the fair market rent for an adequate housing unit. As of September 30, 1986, approximately 2.5 million Section 8 units were cumulatively reserved. Of those units, approximately 38 percent were reserved for occupancy by the elderly.

The Section 8 Existing Housing Certificate program has proved particularly helpful to elderly familes, because many of them are eligible to receive assistance while remaining "in place" within a dwelling which meets HUD's housing quality standards. As of September 1986, more than 876,000 families were participating in the "Finder-Keepers" Certificate program.

Housing Vouchers, which also enable families to receive assistance without moving, are believed to be even more beneficial to elderly persons because of the additional flexibility offered by the absence of rent ceilings. In fiscal year 1985, funds were reserved for 38,364 vouchers; 36,257 vouchers are reserved for fiscal year 1986.

Authorization is also provided for shared housing arrangements under Section 8 programs. On June 11, 1986, HUD published a final rule implementing this option for the Existing Housing Certificate program. The Department expects to issue a final rule in the near future to implement shared housing under the Section 8 Moderate Rehabilitation program as well. One shared housing arrangement of particular interest to elderly families permits homeowners to rent space in their homes to tenants who receive rental assistance. Such arrangements may facilitate reduced housing costs, companionship, and security for elderly persons.

Single Room Occupancy (SRO) housing is another option which some localities may find especially beneficial for certain segments of the elderly population. SRO's are eligible for assistance under the Section 8 Moderate Rehabilitation, Existing Housing Certificate and Housing Voucher programs.

H. Congregate Housing Services Program

The Congregate Housing Services Program was designed to test the cost-effectiveness of providing supportive services for the elderly and handicapped under HUD auspices to prevent or delay unnecessary institutionalization. Under this program, HUD extends multi-year grants (3 to 5 years) to eligible public housing agencies and nonprofit Section 202 sponsors for meals and other support services to frail elderly and nonelderly handicapped residents. As of September 30, 1986, $28 million had been obligated to grantees. $1,125,000 remains in reserve from fiscal year 1983 and 1986 funds. Sixty-two grantees are in operation, serving approximately 2,100 residents on a regular basis. About 320 were served last year on a short-term, temporary basis, usually after incapacitation or hospitalization.

Congress appropriated $2,555,000 for fiscal year 1986. These funds are being used to extend 54 grants for an additional 8 months from current expiration dates. The renewals will be processed in fiscal year 1987 consistent with each grantee's current expiration date.

I. Manufactured Home Parks

At the request of the Administration, the HURRA of 1983 amended Section 207 of the National Housing Act to permit mortgage insurance for manufactured home parks exclusively for the elderly. The program has been operational since the March 1984 publication of a final rule implementing the legislation.

J. Minimum Age Covenants ("Retirement Villages")

As a result of a White House initiative, FHA single-family insurance is available for retirement villages exclusively for occupancy by the elderly. HUD can insure mortgages on properties in subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupancy and the duration of visits by children.

K. Pet Ownership in Assisted Elderly Housing Projects

The HURRA of 1983 provided, and for the establishment of reasonable rules for the keeping of pets by tenants in such housing. On December 1, 1986, the Department published the final rule in the Federal Register to implement the legislation.

III. PUBLIC AND INDIAN HOUSING

A. Public Housing

Public housing was created by the U.S. Housing Act of 1937 and has always included the elderly as eligible residents. In 1956, the Congress authorized public housing especially designed for the elderly, incorporating safety and security features. Disabled persons of all ages with low incomes are statutorily included as well. Public Housing Agencies (PHA's) develop and operate the housing, which is financed through direct HUD loans and the sale of bonds and other obligations. The Federal Government makes annual contributions to repay bonds and other non-HUD loans. For projects financed entirely through HUD loans, the Department is authorized by Congress to forgive the principal and interest that would otherwise be payable from annual contributions. In addition, the Department also provides operating subsidies to assure that low rents and adequate services are available. In 1970, legislation was enacted encouraging PHA's to develop congregate rental housing for the elderly and the disabled. Congregate housing differs from the usual multi-unit housing in that the living units may not have individual kitchens, but must have a central kitchen and dining facility to serve communal meals. Support services are available under the congregate housing services program. Services are also provided by agencies that rely on private, local government and/or Federal funding under the Older Americans Act or Social Security Act.

The U.S. Housing Act of 1937 was amended in 1983 and 1984 to require that the Department give priority in approving new applications to projects for families requiring three or more bedrooms. As of September 30, 1986, approximately 537,000 units of low-income public housing (44 percent) were occupied by the elderly. These figures do not include occupancy of Section 8 units leased by PHA's.

B. Indian Housing

The Department provides housing assistance for American Indians and Alaskan Natives, including elderly individuals and families with elders in the household, pursuant to the U.S. Housing Act of 1937, as amended. Indian Housing Authorities (IHA's) operate rental and homeownership opportunity programs primarily on Indian lands. As of September 30, 1986, there were about 165 IHA's operating over 56,855 units, of which about 3,500 specifically designated units house the elderly. Nearly all of the units developed under the Indian housing programs are free-standing, single family houses, and more than 60 percent of those are under lease-purchase contracts. For this reason, and because many of the units are built on land assigned or allocated to the resident families, IHA clients tend to remain residents for long periods of time. Recent occupancy surveys indicate that over 20 percent of all the units under IHA management include one or more elderly resident.

In testimony before the Senate Special Committee on Aging in Santa Fe, NM, on September 3, the Department indicated that there are unique examples of Indian housing targeted to the elderly. Near Duluth, MN, the Fond du Lac IHA is developing a 15-unit elderly project. The Chickasaw IHA recently built a high-rise complex in Ardmore, OK. The Laguna Rainbow Project in New Mexico consists of a 20-bed nursing home and a 40-unit congregate facility. In Anchorage, AK, the Cook Inlet Housing Authority is constructing an intermediate care facility for frail elderly persons. It is a 90-unit congregate housing project funded in a consortium with the State of Alaska and the Rainer Bank. The project is scheduled for completion in mid-1987.

IV. COMMUNITY PLANNING AND DEVELOPMENT

A. Community Development Block Grant Entitlement Program

The Community Development Block Grant (CDBG) program is HUD's major source of funds available to cities to conduct a wide-range of community development activities designed to help low- and moderate-income households, eliminate slums and blight, or meet other urgent community development needs. The CDBG program made available approximately $3.5 billion to States and communities in 1985. Approximately $2.4 billion of this sum went to 707 metropolitan cities and 107 urban counties by entitlement, with individual amounts determined by formula. States distributed the balance, approximately $1 billion, to small cities with a population of under 50,000.

Entitlement communities' elderly residents benefit directly and indirectly from many CDBG-funded projects. Because of the decentralized nature of the CDBG program, and the fact that local communities are not required to report program beneficiaries by age, it is extremely difficult to estimate the exact total of CDBG funds that directly address the needs and problems. However, available data does indicate that more than $16.8 million in fiscal year 1985 was budgeted by communities specifically to assist senior centers. Metropolitan cities planned to use $6.6 million of their funds for this purpose, and urban counties $10.2 million. Another likely major source of elderly benefits from CDBG funding are housing rehabilitation activities, which accounted for approximately 36.2 percent of all entitlement. A large portion of the $996.7 million budgeted to such activities in 1985 did benefit the elderly. CDBG funds are used by many communities to make home improvement loans and to provide weatherization services for elderly homeowners and renters.

Significant amounts of CDBG entitlement spending for neighborhood improvements, public services, and other public works, directly or indirectly benefit the elderly. CDBG entitlement grantees allocated about $24.6 million for improvements to and operation of neighborhood facilities, $15.7 million for the removal of architectural barriers, $1.9 million to centers for the disabled, and $142.1 million for other public facilities. While it is not possible to estimate the total CDBG benefits to the elderly from these types of projects, it is evident that these activities provided significant benefits.

Specific illustrations of how the CDBG Entitlement program is used to provide a wide-range of benefits and services to the elderly is as follows:

—In Bridgeport, CT, the City's Department of Aging used $158,000 to assist the elderly through a program of in-home maintenance, health care, nutrition, counseling, recreation, and to provide transportation for the frail and disabled elderly to a multi-purpose center.

—In San Mateo County, CA, the county utilized $484,000 for two senior center rehabilitation projects. The South San Francisco Senior Center was remodeled as a nutrition and education site, and the Millbrae Community Senior Center expanded its kitchen to provide an elderly nutrition program.

—In Orange County, NY, the county rehabilitated the Munger Cottage as a senior citizen center, using $600,400 of CDBG moneys.

—In Honolulu, HI, the city used $338,000 to fund site improvements and new unit construction providing improved housing for elderly residents of Ewa Village.

—In Denver, CO, the Ecumenical Housing Corporation renovated a house into an eight unit self-care home for the elderly using $32,000 in city CDBG funds.

—In Baltimore, MD, the city made home repairs for low- and moderate-income elderly households in northwest Baltimore totaling $900,000.

B. CDBG Small Cities Program

Since fiscal year 1982, States have administered the Small Cities CDBG Program. Forty-eight States exercised the option in fiscal year 1985, while three elected to have HUD administer the program. Eligible activities are the same for both the entitlement and State-operated small cities programs, but States may restrict the activities funded, or structure their competitions to favor activities important to them. With the exception of a few States that allocated their funds to cities by formula or through regional organizations, most distributed funds through competition among small communities.

Elderly persons benefit both directly and indirectly from a variety of small cities CDBG-funded projects. As in the CDBG entitlement program, States are also not required to report to HUD the ages of individuals who benefit from their recipient's activities. Thus, the level of benefits to the elderly cannot be precisely determined. Based on reports of 44 States for fiscal year 1985, 4 percent of CDBG small cities spending was allocated to public facilities, and included support for senior centers, neighborhood facilities, centers for the disabled, and removal of architectural barriers. Another 24 percent went for housing-related activities such as rehabilitation of private properties or public-owned residential structures, and public housing modernization. A portion of these funds were also allocated for the elderly. Small cities may also use funds for public services which benefit the elderly. The following examples illustrate the types of projects which directly benefit elderly persons, and were funded in fiscal year 1985 by State program recipients:

—In Fort Ogelthorpe, GA, the city constructed and equipped a multi-purpose senior center.

—In Milano, TX, the city provided a neighborhood facility to be used primarily by senior citizens of the community.

—In Washington County, UT, they rehabilitated their senior center, as did 10 other smaller Utah cities and counties.

—In Lawrence Township, NJ, they constructed a senior center; and Hopewell Township and Closter Borough rehabilitated and expanded their senior centers.
—In Oak Harbor, WI, the city constructed a new senior center.
—In Lamar, CO, the city renovated the old Alamo Hotel building to provide senior apartments.

C. Urban Development Action Grant (UDAG) Program

Urban Development Action Grants are awarded to cities and counties each fiscal year to upgrade the local economy and provide permanent jobs, particularly for low- and moderate-income persons. Communities must meet minimum selection standards of physical economic distress, or have substantial numbers of low-income persons residing in well-defined, geographically small areas to become eligible under the "Pockets of Poverty" legislation enacted in 1979. UDAG's nationwide competition gives consideration to relative community distress factors, private funds proposed to be leveraged, number of jobs to be created, and severity of local economic problems.

Two hundred eighty-seven action grant projects totalling $442 million received approval in fiscal year 1986. Since its initiation, UDAG has directly or indirectly benefitted the elderly by providing funds to help communities develop recreation and day care centers, health care services, downtown and suburban shopping centers and other public facilities. Additionally, since 1978, more than half of the States and Puerto Rico have been awarded 99 action grant projects that directly assist elderly persons. Some examples of fiscal year 1986 UDAG projects directly benefitting elderly persons include:

—In Philadelphia, MS, the Choctaw Indians, a tribal chartered corporation, will use UDAG funds to assist in construction of a 120-bed nursing home. The home will be located on a 13-acre site on the Reservation near the Tribe's hospital facility and will care for elderly tribal members and residents of surrounding counties.
--In Haverstraw, NY, UDAG funding will help finance construction of a 33,000 square foot, three-story senior-citizen apartment building containing 34 single-bedroom apartments and a small convenience store.
—In Baltimore, MD, UDAG funds will assist a minority, nonprofit organization in developing a 140-bed comprehensive care facility in the Sandtown-Winchester Urban Renewal Area that will provide a combination of health care services, including a full range of nursing care options, domiciliary care, and an elderly day care center.
—In Rock Island IL, UDAG money will contribute toward acquisition and clearance of two blighted downtown blocks and the construction of a park on the cleared site. The vacant Fort Armstrong Hotel, adjacent to the blighted blocks, will be purchased and converted into 69 apartment units for the elderly, plus 28,000 square feet of commercial space.

D. Section 312 Rehabilitation Loan Program

Under Section 312 of the Housing Act of 1964, HUD makes loans for the rehabilitation of single family and multifamily residential, mixed-use, and nonresidential properties. Properties must be located in urban areas designated as eligible, or proposed rehabilitation must be necessary or appropriate to the execution of an approved Community Development Program, under Title I of the Housing and Community Development Act of 1974, as amended. Communities must give priority for loans to low- and moderate-income owner-occupants. Loans during fiscal year 1985 were made at a minimum of 3 percent to owner-occupants whose incomes were at or below 80 percent of the median income for that metropolitan area, and variable rate loans were available for other situations.

The Section 312 program obligated $75 million for loans in 322 communities in fiscal year 1985. Funds were derived from repayment of prior loans, recovery of prior year commitments, and the unobligated fiscal year 1984 balance. These funds were used to make 2,707 single-family loans for the rehabilitation of 3,132 units; and 77 multifamily nonresidential or mixed-use loans in buildings containing 1,195 units. The age of tenants in multifamily rehabilitated properties is not available. Based on available loan application data, 28 percent of single-family loan recipients were 60 years of age or older.

E. Rental Rehabilitation Program

Section 17 of the HURRA of 1983 authorized a Rental Rehabilitation Program providing grants to States, cities with populations of 50,0000 or more, urban counties, and approved consortia of units of general local government. These grants finance the rehabilitation of privately owned rental housing and are designed to assure an adequate supply of standard housing affordable to lower-income tenants. They increase the supply of private market rental housing available to lower-income tenants by providing funds to rehabilitate existing units and through use of special allocations of the House Voucher Program and the Section 8 Existing Housing Certificate Program. Rental assistance can be offered through the program to very low-income and displaced lower-income persons to help them afford the increased rent of the rehabilitated units or to move to and/or obtain other housing.

Congress made $71.8 million available for the Rental Rehabilitation Program in fiscal year 1986. Approximately 14,355 Section 8 Existing Housing Certificates and Housing Vouchers were made available in connection with the Rental Rehabilitation Program for those fiscal years.

Program obligations as of June 30, 1986, were $302.9 million, or 81 percent of the cumulative program level. For fiscal year 1986, 353 cities and urban counties participated as direct grant recipients; 39 States and Puerto Rico elected to administer their own programs for smaller jurisdictions. HUD administered the programs for nine States that elected not to administer their own programs.

The Rental Rehabilitation Program is relatively new, but the number of completed units has increased dramatically in the last year. As of June 30, 1986, 4,502 projects with 15,586 units had been completed. By the end of August, 1986, about 12 percent of the tenant households residing in rehabilitated units were elderly.

V. POLICY DEVELOPMENT AND RESEARCH

The Office of Policy Development and Research (PD&R) is currently sponsoring several projects related to the housing needs of the elderly.

A. Evaluation of Home Equity Conversion Mortgages for the Elderly

The HURRA of 1983 authorized an evaluation of the existing use of home equity conversion mortgages in the conventional market. These mortgages are designed to help older homeowners who wish to remain in their homes, but need to convert some of their equity into income to meet increased living expenses, pay for housing repairs, or help pay for other major expenses. HUD submitted its report on August 11, 1986. The report examined the limited use of these mortgages to date, assessed the potential demand by analyzing income and other characteristics of the elderly population, described the risks and possible safeguards of these mortgages, and examined the feasibility of Federal insurance for these mortgages. The report concluded that Federal insurance for home equity conversion mortgages is unnecessary and might be counterproductive. It also noted the advantages of unhindered private market progress to develop workable home equity conversion mortgage mechanisms.

B. Adaptable Housing Manual

In late Fiscal Year 1986, a project was initiated to develop a manual on adaptable housing. The manual, aimed primarily at architects, developers, and builders, will promote the design and construction of housing in which the basic structure and elements are accessible, in terms of entry and circulation, allowing other features to be added or altered easily to meet the special needs of a resident. While the manual and the concept of adaptability emphasizes the needs of persons with disabilities, it has equal application for elderly persons. Elderly persons would benefit from such features as the ability to lower overhead kitchen cabinets or the ability to adjust the height of a kitchen counter to work while sitting. The most important benefit of adaptable housing to elderly persons is that such features would enable persons to remain in their homes as they age. Adaptable features, which would be standard configurations today, could be adapted easily to meet the future needs of a person as their abilities change due to aging, illness, or injury.

C. Program for the Chronically Mentally Ill

HUD is participating with the Robert Wood Johnson Foundation in an initiative to address the needs of the chronically mentally ill, many of whom are elderly. The initiative aims to support the development of citywide mental health authorities to coordinate a range of community-based programs and supervised housing for the chronically mentally ill. The Robert Wood Johnson Foundation is providing $28 million for the project, and will make available low interest loans of up to $1 million for the participating cities to enable them to acquire or renovate housing for the chronically mentally ill. HUD is providing 1,000 Section 8 certificates to be used to provide housing assistance in connection with the program. Cities participating in the demonstration are: Denver, CO; Honolulu HI; Baltimore, MD; Charlotte, NC; Cincinnati, Columbus, and Toledo, OH; Philadelphia, PA; and Austin, TX.

VI. FAIR HOUSING AND EQUAL OPPORTUNITY

Congress passed the Age Discrimination Act (ADA) in 1975. The final regulation implementing the Act has been referred to HUD's Office of Information Polices and Systems for transmittal to the Office of Management and Budget for its review. Last year, HUD received five complaints alleging age discrimination in obtaining housing. Prior to forwarding to the Fedral Mediation and Conciliation Service (FMCS) for mediation, Headquarters returned three of these complaints to HUD Field Offices for further investigation. The other two complaints were handled by appropriate civil rights authorities.

ITEM 8. DEPARTMENT OF THE INTERIOR

DECEMBER 5, 1986.

DEAR MR. CHAIRMAN: Secretary Hodel certainly appreciated your letter of September 26, 1986, requesting information for the annual report on Developments in Aging by the U.S. Senate Special Committee on Aging that will be distributed to the Congress, State and local governments, professionals, academics, journalists, and interested individuals. The Secretary has asked me to provide our report on Developments in Aging for 1986, and to thank you for the attention you gave the Department of the Interior by publishing its complete report in 1985.

Our bureaus and offices have submitted their reports on the development of aging in their programs and activities, and they are presented in attachments A–O. Highlights from the bureaus and offices are:

The employment of 281 persons in the Department who are over age 70, 11 of them over age 80 and 4 over age 90 including a full-time park superintendent reported by the Office of Personnel (A); The evaluation of 64 urban park and recreation systems on accessibility and safety for the elderly, a proposed regulation to implement the Age Discrimination Act of 1975 in federally assisted programs and activities, the completion of nine civil rights complaints based on age discrimination, technical assistance on the Act to recipients on complaint and compliance cases and in training sessions and conferences, a national public notification program on the rights of the elderly and procedures for filing complaints with emphasis on individuals with mental and physical disabilities by the Office of Equal Opportunity (B); Training programs and forums for supervisors and employees with material from community groups concerned with the aging, the processing and adjudication of complaints with emphasis on people over age 40, assignment of employees over age 40 as equal opportunity coordinators and counselors, and a variety of publications on aging in the Office of Human Relations (C); Linkages at State and local levels for placement opportunities of their senior clients at 12 Job Corps Centers throughout the country as teacher aides, counselor assistants, and social living advisors by the Office of Youth Programs (D); Equal opportunity and outreach efforts, access to Interior buildings for the elderly, and the employment of 58 percent of its workforce over age 40 in the Office of Secretarial Personnel (E).

Also, the assistance to territorial governments on securing available funds and support from other Federal agencies for establishing local programs for the elderly by the Office of Territorial and International Affairs (F); The utilization and support of the elderly through special activities and voluntarism and the modification of facilities for accessibility, organized elderly population groups in several national wildlife refuges, an open house and celebration of the Civilian Conservation Corps, bus tours for local nursing homes, movies and slide shows to retirement groups and clubs, staff visits to a nursing home and a senior citizens center that involved 70 people, the "Fish Program" that provides fishing for the elderly on a regular basis, the intensive use of the Golden Age and Golden Access Passports for discounts in recreation fee areas and activities, the issuance of passports to over 700 people over age 60 in 1986, the use of senior volunteers in many aspects of refuge and fish hatchery operations, support of employee retirement groups, special hardware in refuge restrooms, wheelchair trails, walkways for the elderly through marsh lands, and a roller system so older people can roll their boats from one pond to another by the Fish and Wildlife Service (G); Committment to utilize the knowledge and scientific expertise of older employees in research programs and projects, 230 employees over age 65 or 2.5 percent of the workforce, recognition ceremonies and awards for older employees, the granting of 30-year service awards to 175 employees and 40-year awards to 46 employees with a 50-year award for one employee, the re-employment of large numbers of annuitants for scientific work and motivation to younger employed scientists, the sponsorship of retired employee organizations for scientific research projects and presentations and consultative sources, the start in 1986 of the new Volunteer for Science Program whereby senior citizens can volunteer their time in a variety of bureau programs and activities including the publication of newsletters on retiree opportunities with circulations of 600 or more copies per issue, the involvement of older employees and retirees in the 28th International Geological Congress in Washington that has not met in the United States for over 50 years and that President Reagan has commended, the recognition of retired employees who have served their communities like providing steam train excursions for the general public as one example, and the citations of important scientific contributions to earth science by employed senior scientists at the Geological Survey (H).

Also, follow-up on the 1985 National Project Pride Initiative that showed no formal mechanism for the bureau to maintain contact with its retirees, instructions to field offices to contact local retiree groups and individials to recruit volunteers to assist in bureau programs and missions, approximately 12 percent of more than 5,000 Volunteers for the public lands are over age 55, volunteer campground hosts who serve for 8 months out of each year monitoring birds and giving presentations, conducting site surveys, trail blazing, and liaison with the American Association of Retired Persons and "Green Thunb" in the Bureau of Land Management (I); An increase the past year in employees over age 40 from 43 to 47 percent or 970 of 2,053 employees, 95 employees over age 60 and 8 employees over age 70, special efforts to identify the employee development and training needs of older workers and retirement planning workshops, the second year of a $140 thousand equal employment opportunity program that includes age discrimination prohibitions with particular emphasis on managerial and supervisory personnel involvement, and the improvement of mineral royalty payments to numerous senior landholders who depend on the payments to meet basic human needs that include native American Indians by the Minerals Management Service (J); The employment of older persons and annuitants in a broad spectrum of occupations like many engineers and physical scientists, utilization of retired people as members of boards and commissions, recognition and performance award program for senior citizens who contribute to bureau programs, the modification of bureau facilities and programs to make them more accessible for disabled and senior citizens, and available water-oriented recreational and leisure time activities, for retired and older people by the Bureau of Reclamation (K).

Also, the reliance on the technical and scientific knowledge, and experience of older employees through the retention of senior staff and temporary hiring authorities like for re-employed annuitants and advisory committee members and university faculty, individual retirement counseling and assistance to interested senior employees, periodic and reminder notices on pre-retirement seminars to employees soon eligible to retire, and due to proposed changes in the retirement laws a higher than normal retirement of permanent employees in the Bureau of Mines (L); Elderly Indians benefiting from such programs as social services and housing assistance, a program of financial assistance to eligible Indian people that include custodial care for seniors who need care from others at home or an institution or group care setting, the Housing Improvement program that repairs and renovates existing housing and constructs new homes for elderly American Indians in Indian reservations and communities by the Bureau of Indian Affairs (M); The development of special focus programs and activities such as day camps for senior citizens in the national parks, special tours and programs as well as outreach efforts where park personnel go to convalescent hospitals and nursing homes to present programs usually provided at the park, an increase of older citizens in the Volunteer in the Parks program where they assist in the park activities and programs, the Golden Age Passport program that has over 3 million passports issued to citizens over age 62 to reduce their fee by one-half to use recreational facilities and services, 300 thousand passports issued in 1985 and an increase expected for 1986, the removal of architectural barriers in the national parks for visitors with a variety of physical disabilities that greatly benefit the elderly, the publication of the Nationwide Recreation Survey that included "Aging and Outdoor Recreation" and was used in 1986 by the President's Commission on Americans Outdoors to emphasize the implications of an aging population and a greater diversity of interests and abilities for the future of parks and other recreation resources, the two grant programs of the Land and Water Conservation Fund and the Urban Park and Recreation Recovery Program that assists States and communities in recreation programs which include the elderly, and the employment of 887 employees over age 60 and survey data that shows they are staying in the work force longer the past years in the National Park Service (N); and, Recruitment efforts to receive employment applications from individuals over age 40, an Intergovermental Personnel Act assignment of an employee over age 55 to evaluate the use of solid wastes for reclaiming surface mines in Maryland, the protection of lives and property for the elderly like in Pennsylvania where 39 people over age 40 with most over age 50 had their homes condemned from abandoned underground mine erosion that was reversed for two-thirds of the homes through prompt action by the Office of Surface Mining, Reclamation and Enforcement (O).

Once again, we are delighted to submit our report on Developments in Aging, 1986, and relate all the fine things our bureaus and offices are doing to enrich the lives of elderly individuals. We commend the activities of the Special Committee on Aging, and assure you that Secretary Hodel and this Department are committed to do all we can to meet the needs of the aging. We shall continue to cooperate to the fullest with your Special Committee. I will be pleased to provide any further information.

Sincerely,

DR. ANDREW S. ADAMS,
Special Projects Administrator,
Policy, Budget and Administration.

Attachments.

ATTACHMENT A

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Office of the Secretary.
From: Morris A. Simms, Director of Personnel.
Subject: 1986 Statistical Report on Developments in Aging.

This is in response to your memorandum of October 3, 1986, requesting information from the Office of Personnel for the Senate Committee on Aging's 1986 Report.

Each of our bureaus will report to you separately on their activities with regards to policies and programs affecting the aging.

The Department's statistical profile as of September 30, 1986, reflected that we employed 281 individuals age 70 or older. Of the 281 employees, 11 individuals were 81 years or older. One employee is 92 years old working on a part-time basis as a Park Technician. Three employees are 90 years old; one of these employees currently works on a full-time basis as a Supervisory Park Superintendent. The attached list provides a breakdown of employees 81 years or over. Due to the laws governing the Freedom of Information Act and the Privacy Act, the listing cannot be used in the printed publication to the Senate Committee.

If you have any questions, please contact Donna Waters of my staff on 343-7764.

ATTACHMENT B

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Policy, Budget and Administration.
From: Director, Office for Equal Opportunity.
Subject: Report on Developments in Aging, 1986.

In fiscal year 1986, the Office for Equal Opportunity evaluated 64 urban park and recreation systems. To this effect, public park and recreation facilities, programs, activities and services that were heretofore inaccessible to the elderly now afford such persons with new, safe, and increased recreation opportunities.

In an effort to obtain additional input from the public and the elderly, in particular, this office is in the process of republishing a "proposed" regulation to implement the Age Discrimination Act of 1975 in federally assisted programs and activities of this Department. Interior's bureaus and offices shall be given an opportunity to review this rulemaking document prior to publication. Subsequent to this process, a "final" rule will be developed and published.

During fiscal year 1986, the Office for Equal Opportunity processed 9 civil rights complaints from citizens alleging discrimination on the basis of age in Federal financial assistance programs of this Department. The issues in each complaint were examined in light of the provisions of the Age Discrimination Act. To date, each of these complaints are closed.

Technical assistance to recipients in complying with the requirements of the Act have been accomplished on an ongoing basis by this office. Technical assistance has been given to recipients during the course of complaint investigations, compliance reviews, training sessions, and conferences. The technical assistance entailed informing recipients of their compliance obligations under the Act; providing examples of prohibited acts of age discrimination; explaining how the Act applies to recipient programs; and addressing the rights afforded to applicants and beneficiaries under the Act.

This office has established a continuous public notification program that provides for notifying the public of their rights under the Act and the procedures for filing related complaints. Steps also have been taken by this office to ensure that individuals with mental, hearing, and visual impairments are effectively apprised of their rights under the Act. This particular program is nationwide in scope and covers all federally assisted programs and activities of the Department.

ATTACHMENT C

Memorandum to: Special Projects Administrator, Office of the Assistant Secretary, Policy, Budget and Administration.
From: Human Relations Officer, Office of the Secretary.
Subject: Department Report on Developments on Aging, 1986.

The following may be included in the annual report to the Senate Special Committee on Aging:

1. Wide distribution is being made of the landmark legislation approved in October 1986 by both houses of Congress which prohibits most private employers from setting a mandatory retirement age. This measure, passed with unanimous consent, extends equal protection to workers over 70 and was signed by the President on October 31. The publication, *Chronology,* prepared by the Human Relations Office in the Office of the Secretary, was updated to include this legislation.
2. Separate training programs and forums targeted to supervisors and other employees are scheduled throughout the year. Subjects such as *Age* are included as well as appropriate handouts obtained through various community groups specifically concerned with the aging.
3. In the processing and adjudication of EEO complaints pursuant to Federal statutes and implementing regulations, discrimination based on age is a proscribed act and employees or applicants who are 40 years old or older are members of a protected class. Top management's policies re-state this emphasis.
4. In order to achieve the broadcast workforce representation in the composition of the Human Relations Coordinators and EEO counselors who help to promote fairness in treatment and access for all employees and applicants, members of the 40 and other class are routinely selected for these collateral duty assignments.
5. Publications, photo-stories and other means of communications are routinely reviewed to assure that the aging are not only included but also are treated in an appropriate manner.

ATTACHMENT D

Memorandum to: Dr. Andy Adams, Special Projects Administrator—Policy, Budget and Administration.
From: Director, Office of Youth Programs.
Subject: Report on Developments in Aging, 1986.

This is in response to your memorandum of October 3, 1986, regarding the above subject. As part of our continuing efforts to include all segments of the populations within the Department of the Interior, Job Corps Civilian Conservation Centers program, arrangement have been finalized for our office to make a presentation at the conference for National Directors of the Older Americans program, during the week of November 17-21, 1986. Our presentation will focus upon the linkages at the State and local levels for the potential placement opportunities of their senior clients at our 12 Job Corps Centers throughout the country. This placement includes such activities as teacher aides, counselor assistants, social living advisors, etc.

The Office of Youth Programs is committed to continue our efforts to ensure that senior citizens expertise is utilized in our youth development efforts.

ATTACHMENT E

Memorandum to: Special Projects Coordinator, Assistant Secretary—Policy, Budget and Administration.
From: Personnel Officer, Office of the Secretary.
Subject: Departmental Report on Developments in Aging, 1986.

The Office of the Secretary as an administrative function has no specific programs intended to benefit the aging. However, our managers and supervisors are encouraged to give support to the intent of the guidelines found in section 3307 of Title 5, U.S. Code. We are proud of the fact that 58 percent of our workforce is over 40 and can report that 52 of our employees are over age 60 and 2 are over age 70.

The Office of the Secretary provides equal opportunity to all applicants and employees regardless of age. Our outreach efforts include all segments of society and make no restrictions according to age.

Our Division of General Services continues to provide equal access to Interior buildings for the elderly when entering to inquire about Interior programs or opportunities for employment with the Office of the Secretary.

ATTACHMENT F

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Assistant Secretary—Territorial and International Affairs.
Subject: Report on Developments in Aging, 1986.

The Virgin Islands, American Samoa, Guam, the Northern Mariana Islands, the Federated States of Micronesia, and the Marshall Islands are self-governing and obtain Federal program funds on their own accounts directly from the various Federal agencies. The territorial governments, therefore, are responsible for establishing their own local programs for the elderly consistent with Federal grant requirements. When appropriate or requested by the territorial governments, our office provides information on programs for the elderly.

Regarding personnel in our immediate office, we can assure you that we carefully follow practices that avoid any possible age discrimination.

ATTACHMENT G

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Director, Fish and Wildlife Service.
Subject: Report on Developments in Aging, 1986.

We are pleased to provide the information you requested on October 3, 1986, for inclusion in the Senate Special Committee on Aging's report for 1986. The Fish and Wildlife Service remains firm in its commitment to serve the needs of the elderly by providing safe facilities and meaningful programs.

In the past, the Fish and Wildlife Service (Service) has made every effort to utilize and support the elderly through special activities, voluntarism, and the modification of facilities to improve access. This year has been no exception. Among the many activities, special programs have been held for organized elderly population groups on several national wildlife refuges, including an "open house" and a ceremony celebrating the 50th anniversary of the Civilian Conservation Corps at Squaw Creek National Wildlife Refuge, bus tours for local nursing homes sponsored by the De Soto Refuge, and movies and slide shows given by Minnesota Valley and Ottawa Refuges to retirement groups and clubs. Also, for educational outreach, the staff from the Alaska Maritime Refuge visited a nursing home and a senior citizens' center to talk about the refuge's purpose and the Service's mission. Seventy people were contacted during this outreach effort. Meanwhile, the elderly continue to enjoy "The Fish Program," which provides fishing on a regular basis at the National Fisheries Center at Leetown, WV.

The Golden Age and Golden Access Passports for elderly citizens are used extensively. During fiscal year 1986, approximately 700 Golden Age and 40 Golden Access Passports were issued by Service offices. The Golden Age Passports are issued free of charge to people over the age of 62. They entitle the cardholder to discounts in recreation fee areas and activities throughout the United States.

Voluntarism serves as the most effective way of utilizing the elderly. The Service supported several active promotional programs to encourage the elderly to serve as volunteers. In fiscal year 1986, the Service's Northeast Region hosted five volunteers over the age of 60. The North Central Region hosted more than 70 volunteers who were over 60 years of age. These volunteers were active in many aspects of refuge and fish hatchery operations including wildlife observation and censuring, fish stocking, general maintenance, conducting tours for the public, clerical assistance, and staffing information desks in the visitor centers. Other volunteers could be found conducting visitor surveys and acting as stream watchers.

As for the Service's own retired annuitants, many still maintain a viable link to the Service. In cities such as Washington, D.C., Minneapolis, and Denver, active groups of retired Service employees meet not only for social activities, but also to maintain the unique interest that many of them still have in Service activities. In Washington, D.C., representatives of the Office of Public Affairs and other branches of the Service attend at least one monthly meeting of the retirees group each year, usually to present a film and give an update on news of the agency. Also, the Office of Public Affairs adds retiring employees to its mailing list for the bi-monthly agency newsletter, *Fish and wildlife News*.

We are constantly looking for new ways and ideas to better serve the elderly. In fiscal year 1986, many accomplishments were made towards that end, including upgrading or modifying several refuge facilities for accessibility, installing special hardware in restrooms at Minnesota Valley Refuge headquarters, developing a wheelchair trail at the De Soto Refuge and installing accessible toilet facilities at Sherburne and Crab Orchard Refuges. At the Sabine Refuge in Louisiana, trails were paved making it easier for the elderly to walk through the marsh during wildlife observation activities. Because the elderly enjoy fishing in the ponds on the refuge, Sabine Refuge also installed a roller system thereby enabling them to more easily roll their boats from one pond to another. Several new fishing areas have been opened to the public on Crab Orchard Refuge for bank fishing only and are enjoyed extensively by elderly individuals.

ATTACHMENT H

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Personnel Officer.
Subject: Report on Developments in Aging, 1986.

The U.S. Geological Survey (USGS) has a strong and ongoing commitment to fully utilize the considerable knowledge and proven scientific expertise of its older employees. In response to your request for information concerning the past year's activities in the USGS which focus on opportunities for older people, particularly employees, we are pleased to provide a review of our activities and services.

With the recent signing into law of the new antidiscrimination bill abolishing mandatory age retirement for almost all jobs in this country, the American work environment will be called upon, increasingly, to use more older workers, who, as a group, are as competent and reliable as their younger counterparts. The USGS has known for many years that older workers' contributions of on-the-job experience, good work habits and emotional maturity are critical elements in the success of many of our scientific research programs and projects. Because our older workers generally look for or retain positions requiring many years of experience or the development of specialized skills, they rarely compete for the same jobs with our younger scientists. The USGS has a number of these able-bodied, productive, older workers on its staff. At the present time, we have more than 230 employees who are age 65 or older. This represents 2.5 percent of our total current work force. We believe this is a significant percentage and we are proud of it.

As a bureau, the USGS has no specific programs directed exclusively toward the aging. Instead, we prefer to accept the impact of aging by directing our efforts toward the recognition and utilization of the talents of older workers. Appropriate annual ceremonies are held to honor the meritorious service and special achievements of all employees, and provide awards for length of service. Much of this effort to recognize employees and their contributions to the agency involves older employees. In the past year we have given a number of significant service honor awards to older employees ranging in age from 65 to 75 years old. Two older employees received the Superior Service Award, five older employees received the Distinguished Service Award, and eight received the Meritorious Service Award. We believe that granting awards such as these reflects the very high regard we have as a bureau for the contributions made by our older workers. Furthermore, we believe this demonstrates the USGS's dependence upon the skills and abilities of its older employees, and reflects employee willingness to remain in a working environment that continues to allow them to make a positive contribution to agency programs. Such achievements are a personal measure of the productive career development of many of our older employees.

Within the past year, the USGS has recognized the length of Federal service of a number of our older workers. We granted 30-year service awards to 175 employees, 40-year awards to 46 employees, and a 50-year award to one person. This means that 2.3 percent of our staff was recognized for 30 or more years of service since our last annual report.

Because of the continuing demand for scientific excellence in many of the USGS's operating programs, there is a strong need for the appointment and retention of experienced and creative scientific employees. The USGS continues to implement sound and effective personnel management policies with respect to avoiding age discrimination, in particular, and constantly strives to assure fair and equitable employment consideration for all candidates, regardless of their age.

The USGS is particularly proud of the fact that it makes use of large numbers of reemployed annuitants. Real strength is derived from using the combined experience and knowledge of such employees, because their abilities are based upon years of conducting research and pursuing personal developmental opportunities. As a scientific agency, we believe the necessary foundation for a comprehensive study of the Earth's past, coupled with a successful and ongoing search for its future resources, lies in employees whose careers are in a constant state of growth and developing maturity. The former Directors, Assistant Directors, Division Chiefs, and many other older members of our staff continue working here after retirement because they have a strong desire to continue pursuit of challenging growth and development opportunities associated with their career interest. Concurrently, the USGS continues to support their scientific endeavors. We believe the expertise which older workers possess is a rich and valuable fund of skill and knowledge from which younger employees can draw inspiration and guidance for their own careers.

Our retired employee organizations, while operating on an informal, unofficial basis, have proven to be a strong and positive manifestation of interest and concern for one another and the USGS. Sponsored by their former operating divisions, the activities these groups initiate allows retirees to maintain contacts with their professional colleagues and continue to support activities of mutual interest in the earth sciences. Many of these retirees are continuing their scientific research and exploration on individual projects, and are often called upon by the scientific community to present their findings at professional meetings.

The retiree organizations are valuable to the USGS for the good will they create and because they serve as a collective resource of expertise for use by the general scientific community, as well as by the USGS. Many retirees make themselves available to serve as lecturers in local colleges and high schools. Others make themselves available to lead tour groups through our National Center in Reston, VA. The Director of the USGS also uses older employees and retirees as consultative sources for providing valuable information needed to make important decisions on bureau programs. All of this, we believe, demonstrates the high level of regard and trust in which the USGS holds its older employees and retirees.

Another method of using older workers' skills is through the new Volunteer for Science Program, which the USGS hopes will contribute significantly in strengthening certain bureau programs. The recently initiated program, among other purposes, hopes to attract older, retired persons to become volunteers. These individuals may donate their service for a few hours daily, for a single day at a time, or for extended periods. Volunteer projects include program and project support, review of scientific reports, technical and management consulting, warehousing, data entry, and collection and sorting of field data. In support of this new effort, our retired employee groups transmitted requests for their members to participate in the program through their group newsletters. It should be mentioned, also, that in addition to reports on reunions, parties, picnics, travel and retirement plans, these newsletters serve as valuable points of contact to keep our retirees informed of professional activities in the bureau. The influence of these publications is far reaching and difficult to measure. Several of these publications, for example, have circulations of 600 or more copies per issue.

Another use of the abilities of our older employees and retirees will occur when the National Academy of Science and the USGS host the 28th session of the International Geological Congress in Washington, D.C., July 9-19, 1989. This will be the first time in over 50 years that the Congress has met in the United States. The importance of this gathering has been underscored by the letter of commendation that President Reagan issued on August 5, 1986, to the members of the geological community of the United States. We anticipate the use of many of our older employees and retirees in helping to set up and manage the many programs of this important scientific event, which will bring together a broad representation of the world's earth scientists for a unique opportunity to exchange scientific information and concepts.

We are aware that USGS retired employees also contribute to the life of their communities in many nonscientific ways. For example, one former employee is currently working with a volunteer group engaged in refurbishing an antique steam locomotive at the National Museum of Transport in St. Louis, MO, with an eventual goal of operating the locomotive at a future date to provide steam train excursions for the general public. Also, many retirees receive awards, even though they are no longer officially associated witn the USGS. In March of this year, the most prestigious honor that the American Society for Photogrammetry and Remote Sensing can bestow on a member, Honorary Membership, was awarded to William A. Radlinski, who was the former Associate Chief Topographic Engineer and Associate Director of the USGS prior to his retirement.

Many employees of the USGS do not fear getting older or view retirement as a serious problem. For most it actually means the freedom to go places nd do the things that have deferred during their working careers. At the USGS Pick and Hammer Club's annual comedy show, held in April 1986, the following solo was included in the program. It beautifully sums up the attitude of the older USGS employee:

No. 379

Some people think, when you retire, that you are past your prime,
I wonder why, I wonder why?
The cutting edge is gone for good, and now its slipper time,
I wonder why, I wonder why?
But all the ones I know are either getting set to roam,
Or just returning from a cruise upon some ocean's foam,
Just check with one yourself sometime—if you can find one home,
I wonder why, I wonder why?

The older employee who remains on the rolls of the bureau beyond the years of retirement eligibility frequently continues to make important scientific contributions to earth science. One such example is Dr. Cornelia Cameron, who has conducted pioneering studies in the field of peat resources, peat genesis, and the geochemistry of peat. As a result of her leadership in studies of a major peat deposit near Deblois, ME, information was provided which will allow the development of the first electrical generating station to sue peat to run its turbines. At age 75, Dr. Cameron still carries a full research load, including necessary field work and sample collection. She also recently starred in the public television series, "Planet Earth," appearing in the episode titled "Gifts frm the Earth." Another contributing older employee is Edward Rodgers, who works for our Water Resources Division in Clinton, NJ. Mr. Rodgers began his career with USGS in 1981 on an intermittent basis and was converted to part-time in November 1984. Today, at age 71, he functions successfully as a computer clerk.

The USGS continues to be very proud of all of its employees, and considers those of a more mature age to be particularly valuable to the success of our mission. Because of our trust in their abilities and the depth of their scientific achievements, we intend to continue to rely upon our older workers and retirees, and ask them to apply their knowledge and skills to help the bureau meet its assigned technical and scientific responsibilities.

America will need to continue to draw upon the solid experience and dependable skills of its older citizens in the years ahead. Our Nation's older population has experienced a remarkable growth surge since the turn of the century. In 1900, 10 percent of the American population was age 55 and over, but only 4 percent was age 65 and over. By 1984, however, 20 percent of our population was at least 55 years old, and more than 12 percent was at least 65. The influence of these older citizens on our national work force will be vitally important, because they will form an increasing percentage of our total population. Based on our past successful experience, the USGS will continue to use large numbers of older workers in the years ahead. It will be the ongoing policy of the USGS to view the contributions of older employees and retirees as a positive and valuable resource to be depended upon and used effectively to advance the world's knowledge of the earth sciences.

ATTACHMENT I

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Policy, Budget and Administration.
From: Assistant Director, Support Services, Bureau of Land Management.
Subject: Report on Developments in Aging, 1986.

This responds to your request for a report on the activities of the Bureau of Land Management (BLM) on Developments in Aging. In November of 1985, BLM began its National Project Pride initiative with the goal of determining how to improve perception of the Bureau by the public and our employees. Among the findings of this Project was the realization that no formal mechanism exists through which the BLM can maintain contact with its retirees. As a result of this deficiency, both the BLM and the retiree lose. The retiree loses touch with an organization that may have given meaning and structure to much of his/her adult life. Individual contacts are often maintained, but there is, nonetheless, a sense of being cast adrift. The BLM on the other hand, loses touch with its past and the experience and knowledge of "what happened when" to make today's situation what it is.

Realizing that BLM retirees can bring both perspective and highly skilled volunteer assistance into various areas of BLM on a part-time basis, the agency has instructed its State Offices, Boise Interagency Fire Center, Denver Service Center and Washington Office to contact local retiree groups and individuals and to hold preliminary organizational meetings. Further work will be devised jointly with retirees. By establishing a formal mechanism, we expect BLM retirees will become active in roles that both internally and externally support BLM programs and mission. Consequently, retirees will perceive themselves as still part of the Bureau. And, both the public lands and the visiting public will be served.

The Bureau continues to recruit other older citizens to serve in its Volunteers Program. Approximately 12 percent of the more than 5,000 Volunteers for the Public Lands are 55 years of age or older.

The following sampler of projects on which older Volunteers worked during the year suggests their diversity:

BLM's cadre of volunteer campground hosts included Judy and Dick Newbold from Hanover, PA, who have served for 8 months out of each year since 1982 at Burro Creek, located near Kingman, AZ. In addition, this couple conducted a raptor inventory of Hualapai Valley monitoring 24 nests of Swainson's hawk and one nest of Ferruginous hawk. Hand-drawn maps of nearby wildlife and geologic areas and a slideshow on desert wildflowers were also provided by the Newbolds.

Andrew and Julia Craw, a septuagenarian couple, from Alturus, CA, initiated the cultural and paleontological inventory field work conducted in the Burns and Vale Districts in eastern Oregon. Approximately 23 miles of ephemeral stream courses flowing out of the Trout Creek and Pueblo Mountains were inventoried by the couple who supplied useful and accurate survey data and artifact findings in the form of site records and detailed journals.

Jack Glover, a senior citizen from Roseburg, OR, has spent the last 13 years in gaining Federal, State, and community support for construction of the 79-mile North Umpqua Trail. Since 1981, Mr. Glover has provided over 2,500 hours of volunteer time to making the trail a reality.

Pat Barden, a retired BLM employee, has contributed over 2,600 hours of service coordinating a volunteer program that has resulted in contribution of almost 24,000 service hours at the Yuma Resource Area, Arizona. Under his direction, volunteers supervised visitor use and maintained recreation sites, assisted in wildlife reintroduction projects, maintained revegetation projects, inventoried archeological sites, and developed interpretive materials.

We expect during 1987 to emphasize opportunities for greater Bureau use of volunteers at both ends of the age spectrum. We will continue to work with representatives of the American Association of Retired Persons (AARP), and will suggest ways that group's several million members can be put in touch with our opportunities for useful volunteer service. Additionally, the Bureau has continued its use of the Senior Community Service Employment Program in cooperation with national sponsors such as Green Thumb and the AARP. Some of our State Offices hire some of these older workers on a regular basis as seasonal employees. We have found this program to be very beneficial and rewarding to both the workers and our agency and plan to expand its use in the future.

ATTACHMENT J

Memorandum to: Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.

From: Assistant Director for Administration, Minerals Management Service.

Subject: Report on Developments in Aging, 1986.

The Minerals Management Service (MMS) has no programs specifically intended to benefit the aged. However, a number of facts and statistics point to continuing significant accomplishments by the MMS that directly impact older workers, both in our work force and outside.

Our total work force age 40 and over has increased over the past year from about 43 percent to over 47 percent (970 of 2,053). Of this total, 95 employees are over age 60 (4.62 percent) with 19 workers over age 65 and 8 over age 70. Clearly, the MMS is successfully hiring and retaining older workers.

Special attention has been focused on identifying the employee development (training) needs of the older worker. Retirement planning workshops were also offered to interested older workers.

In a program started last year and continuing in 1986, more than $140,000 has been spent to develop and deliver Equal Employment Opportunity training MMS-wide that includes coverage of age discrimination prohibitions. It is particularly important to the MMS that its managers and supervisors understand that constitutes discrimination and how to avoid situations that can lead to valid charges of discrimination, including age discrimination.

The MMS fully meets its responsibility for providing equal opportunity to all applicants and employees with regard to promotion opportunities, when applying for vacancies, requesting training, etc.

We continue to perform our mission-related functions with diligence and with appreciation of the importance of our citizens. One responsibility impacting large numbers of citizens is the approval of mineral royalty payments to various landholders, including native American Indians. Included in this group are numerous older Americans who often depend heavily on these payments to meet basic human needs and rely on the ability of the MMS to perform these financial responsibilities. We have greatly improved the system by which these payments are made, and plans are underway to make even more improvements.

ATTACHMENT K

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Office of the Secretary.

From: Chief, Division of Personnel Management.

Subject: Report on Developments in Aging, 1986.

Attached is the above referenced report from this Bureau in response to your October 3, 1986, request.

The Bureau of Reclamation continues to carry out programs which provide meaningful opportunities for older Americans, especially in the areas of employment and recreation. We continue to support and encourage these programs throughout the Bureau.

In employment, the Bureau stresses equality for all applicants and employees. Vacancy announcements are open to all qualified individuals, regardless of age. The Bureau employs older persons in a broad spectrum of occupations, and utilizes reemployment annuitants to fill staffing needs in many program areas. The Bureau, as an engineering organization, employs many engineers and physical scientists. We are often able to capitalize on the advanced level of skills and expertise which older employees can impart to other workers. The Bureau also utilizes retired individuals as members of boards and commissions, and in a variety of technical, scientific, or administrative professions. Each year in ceremonies which honor meritorious service and special achievements, recognition is given to senior employees for both length of service and outstanding performance. Also, the Bureau, through its citizen's award program, recognizes senior citizens for their contribution to the Reclamation program.

The Bureau has increased efforts to make our projects and facilities more accessible to handicapped individuals. Since a sizeable percentage of the aging population experience some degree of disability, these modifications make Bureau facilities more usable and enjoyable for the elderly as well.

Recreation opportunities are also available at many Bureau facilities for water-oriented activities such as fishing, swimming, boating, and camping. These leisure activities traditionally attract the retired and senior citizen population.

The Bureau is committed to continue efforts to ensure that senior citizens have full benefit of recreational activities available through Reclamation programs and that senior employees are provided equal opportunity to fulfill career goals.

ATTACHMENT L

Memorandum to: Andy Adams, Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director, Bureau of Mines.
Subject: Report on Developments in Aging, 1986.

This is in response to your memorandum dated October 3, 1986, concerning the Annual Report to Developments in Aging.

The Bureau continues to value the technical expertise that the person who has had long and extensive experience in research, analysis, development and assessment activities normally brings to a position. We rely on such persons for highly specialized technical and scientific positions. This is accomplished through the retention of senior staff and through such temporary hiring authorities as are used to employ reemployed annuitants, Secretary's Advisory Committee Memberships and college/univesity faculty. Servicing Personnel Offices provide individual retirement counseling and assistance to interested senior employees. Periodic information and reminder notices regarding pre-retirement seminars are issued to persons who are eligible for retirement within a specific number of years.

Despite the above efforts we noted a higher than normal number of permanent employees who retired apparently due to uncertainties surrounding pending tax legislation and rumored changes in the Civil Service Retirement System.

ATTACHMENT M

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Assistant Secretary—Indian Affairs.
Subject: Report on Developments in Aging, 1986.

This report is essentially the same as the report submitted for 1985. The Bureau of Indian Affairs has no special programs for the aged, however, the elderly Indians have been and are benefiting from programs such as social services and housing assistance.

The Bureau's Division of Social Services administers a program of financial assistance to eligible Indian people, one pertinent component of which is custodial care for adults. Custodial care is essentially nonmedical care and protection provided to an eligible client when, due to age, infirmity, physical or mental impairment, that client requires care from others in his or her daily living. This care may be provided, in the most appropriate nonmedical setting, including the client's home, an institution or other group care setting.

The Bureau of Indian Affairs also has a Housing Improvement Program (HIP) which involves the repair and renovation of existing housing and the construction of some new homes on Indian reservations and in Indian communities. The HIP is a grant program and is aimed at improving the standards of housing for those people who are not qualified to receive housing assistance from any other source. Although eligibility to participate in HIP is not based upon the age of the applicant but rather upon need for decent housing, a good many recipients involve elderly Indians since their qualifications and participation in other housing programs are more unlikely.

ATTACHMENT N

Memorandum to: Staff Assistant, Policy Budget and Administration.
Through: Deputy Assistant Secretary, Fish and Wildlife and Parks.
From: Acting Director, National Park Service.
Subject: Report on Developments in Aging, 1986.

The National Park Service has long been and is continuing to recognize its responsibility to provide opportunities for all citizens to participate in and enjoy the programs provided throughout its system. In 1979, the Special Programs and Populations Branch was created with the responsibilities of monitoring and coordinating Servicewide efforts to improve services to disabled and elderly persons. Since that time, considerable action has taken place at the national, regional, and local park level to provide continued input to this commitment. A number of parks have made special efforts to include senior citizens and other special populations. These efforts have included the development of special focus programs and activities such as day camps for senoir citizens, the provision of senior centers, special tours and programs, as well as outreach efforts where park personnel go into convalescent hospitals and nursing homes to present programs usually provided at the park.

At the present time, continued efforts are being made to increase the number of older citizens in the Service's Volunteer in the Parks program. Another major effort of the National Park Service, as it relates to senior citizens, is the operation of the Golden Age Passport program. The Golden Age Passport is a free lifetime entrance permit to those parks, monuments, and recreation areas administered by the Federal Government which charge entrance fees, and is issued to citizens or permanent residents of the United States who are 62 years of age or older. The holder of this passport also gets a 50 percent discount on Federal use fees charged for facilities and services such as camping, boat launching and parking. Since 1975, when this program was changed from a 1-year permit to a lifetime permit, the Service has issued well over 3 million passports. In 1985, we reported that over 300,000 passports were issued by all Federal recreation agencies. Data for 1986 will not be available until early 1987, but it is anticipated that there will be a slight increase in the number issued.

The National Park Service is increasingly becoming more accessible for all citizens including the elderly and other special populations. This is due to our continuing efforts to remove barriers that inhibit special population groups from experiencing and enjoying the national parks. Many senior citizens who, due to the aging process, are experiencing the loss of hearing, problems with visual acuity and mobility impairments, benefit from these program and facility modifications. Large type materials, captioned audiovisual programs, audio messages for the blind, and adaptations for wheelchair users are all modifications from which the senior citizen can benefit.

In 1986, the Service published the report of the 1982-83 Nationwide Recreation Survey (NRS). The report included a chapter on "Aging and Outdoor Recreation," which was based on a series of questions sponsored by the Administration on Aging and asked of respondents aged 60 and over. A major user of the NRS data in 1986 was the President's Commission on Americans Outdoors. The Commission's report, due to be released by January 1, 1987, is expected to emphasize the implications of an aging U.S. population—and a greater diversity of interests and abilities among older Americans—for the future of parks and other recreation resources.

In accordance with the Land and Water Conservation Fund Act, the National Park Service continues to provide financial and technical assistance to the States for the development and implementation of their Statewide Comprehensive Recreation Plans. One of the primary functions of these plans is to ensure that the outdoor recreation needs of special populations, including the elderly, ar adequately addressed by recreation providers.

Two grant programs, the Land and Water Conservation Fund (LWCF) and the Urban Park and Recreation Recovery Program (UPARR), require participating states and communities to examine the recreation needs of senior citizens as part of their overall recreation planning and program development. Many facilities built or rehabilitated provided access for senior citizens. The Urban Park and Recreation Recovery Program has given special priority, through the program's innovation grants, to projects providing programs and services to special populations including senior citizens.

The National Park Service continues to monitor and identify the number of employees age 60 and over. In 1986, this survey reveals a total of 887 such employees. The survey indicates that employees who are 60 and over are staying in the work force longer than in the past years. Baseline data reveals that this age group is functioning in General Service (GS) positions ranging from grade 4 to 15, and wage grades (WG) ranging from 1 to 11.

The National Park Service is proud of its accomplishments and will continue to monitor and improve services to this age group.

ATTACHMENT O

Memorandum to: Dr. Andrew Adams, Special Projects Administrator, PBA.
From: Personnel Officer.
Subject: Report on Developments in Aging, 1986.

This memorandum transmits the fiscal year 1986 Report on Developments in Aging from the Office of Surface Mining Reclamation and Enforcement (OSMRE).

EMPLOYMENT

In fiscal year 1986 OSMRE continued its recruiting efforts aimed specifically at applicants over age 40. In this regard, the agency filled four (4) full time permanent positions with older applicants.

One long-time OSMRE employee, aged 55, has been selected by Montgomery County, for a 2-year Intergovernmental Personnel Act (IPA) Mobility Assignment. While on this IPA assignment the employee will evaluate, among other things, the possibility of using putrescible solid wastes for reclaming surface mines.

ABANDONED MINE LANDS (SUBSIDENCE)

In March 1986, 50 people were put out of their homes and apartments when the 800 block of Bryn Mawr Street in the Schenley Heights area of Pittsburgh began to subside. The city condemned the housing as unsafe while an OSMRE team investigated the cause of the subsidence. All but one of the displaced occupants were over age 40, most were over age 50. Based on evidence developed by OSMRE from test drilling at the Bryn Mawr Street site, it was determined that erosion in an abandoned underground mine was the cause of the subsidence. OSMRE estimated that this mine was about 100 years old. Other evidence developed on site through the test drilling indicated that some steps could be taken to abate the subsidence by filling the mine voids with a grout material to prevent any additional sinking. Most of the houses at jeopardy from the subsidence were saved from further destruction and were able to be repaired. Because of OSMRE's quick response to the initial call for help, only 6 of the 19 households were totally condemned by the city as unsafe and later were demolished. This is only one example of the many instances where OSMRE programs aid older Americans in the protection of lives and property.

ITEM 9. DEPARTMENT OF JUSTICE

DECEMBER 24, 1986.

DEAR MR. CHAIRMAN: This is in response to your letter to the Attorney General requesting that the Department of Justice submit an annual report regarding activities on behalf of older Americans.

I am pleased to send to you and the Special Committee on Aging the Justice Assistance Act Agencies' submission for the 1986 edition of Developments in Aging. As the report reflects, the Justice Assistance Act Agencies have continued their commitment to protecting our Nation's elderly citizens. Through the initiatives described in the enclosed report, the JAA Agencies are working to collect information about elderly crime victims, improve criminal justice and other services for them, and help make their communities less frightening and safer places to live.

President Reagan and his Administration continue to be deeply concerned about elderly crime victims who have been far too often pushed aside and ignored by society. The fear of crime can be paralyzing for elderly citizens and the results of actual victimization, all too often, are both emotionally and financially devastating.

In addition, the Justice Assistance Act Agencies are working to combat a crime against the elderly that until recently has been largely overlooked—the problem of elder abuse. The Attorney General's Task Force on Family Violence made a number of recommendations which addressed this terrible problem, and the JAA Agencies have the responsibility within the Department of Justice to implement, to the fullest extent possible, the recommendations of both the Family Violence Task Force and the President's Task Force on Victims of Crime.

One of the offices within the JAA Agencies is the Office for Victims of Crime and that Office is administering victim compensation and assistance programs authorized by the Victims of Crime Act of 1984, as amended. The programs address the needs of our older victims of crime, and the enclosed report discusses the important progress that has been made in implementing the provisions of the Act.

I appreciate having the opportunity to share with you and the Committee the significant accomplishments of the Justice Assistance Act Agencies in finding ways to help our elderly citizens—those to whom our Nation owes so much. Please let me know if I can be of further assistance to the Commttee.

Sincerely,

JOHN R. BOLTON,
Assistant Attorney General.

Enclosure.

JUSTICE ASSISTANCE ACT AGENCIES

On October 12, 1984, President Reagan signed Public Law 98-473 which included the Justice Assistance Act of 1984, the Juvenile Justice, Runaway Youth, and Missing Children's Act Amendments of 1984, and the Victims of Crime Act of 1984. The Justice Assistance Act established an Office of Justice Programs headed by an Assistant Attorney General. The Office of Justice Programs has the responsibility of coordinating the activities of the Bureau of Justice Assistance and the Victim Compensation and Assistance Programs, as well as the three agencies reauthorized by the Justice Assistance Act: the National Institute of Justice; the Bureau of Justice Statistics; and the Office of Juvenile Justice and Delinquency Prevention.

The JAA authorizes programs to help State and local governments improve the administration of their criminal and juvenile justice systems, conduct research in criminal and juvenile justice, and compile and disseminate criminal and juvenile justice statistics. In addition, the Victims of Crime Act of 1984, as amended, authorizes the Attorney General to provide Federal funds for State victim assistance and compensation programs, and this authority has been delegated to the Assistant Attorney General for Justice Programs, who has established an Office for Victims of Crime within the Office of Justice Programs.

The following are the activities of the JAA Agencies on behalf of older Americans:

OFFICE FOR VICTIMS OF CRIME

The OJP Office for Victims of Crime continues to develop and support programs that facilitate the implementation of the recommendations of the President's Task Force on Victims of Crime and the Attorney General's Task Force on Family Violence.

Through the hearings held in 1982, the President's Task Force on Victims of Crime learned of the special needs of elderly victims. Property loss, such as the theft of a television or a hearing aid, may result in loss of contact with the outside world. Fear of further victimization may result in fewer trips outside the home, increasing an older person's isolation. Elderly persons with sensory impairments may be inappropriately labeled as senile and discounted as witnesses. Minor injuries can produce serious consequences for older persons, and the pace and procedures of hospital emergency rooms may overwhelm them. Because, in many instances, elderly persons live on fixed incomes, financial loss and bills incurred as a result of victimization create a greater hardship for them.

The Office for Victims of Crime is working through the following means to lessen the trauma and improve the treatment of elderly victims:

Training.—The Office is working closely with a number of national criminal justice professional organizations, including the National Sheriffs' Association, the National Association of District Attorneys, the National Association of Attorneys General, and the National Association for Victim Assistance, to develop and deliver training to law enforcement officers, judges, and prosecutors on victims' issues and needs. Several training courses have been established that concentrate on the sensitivity of the particular needs of the elderly crime victim. These include the following: Crisis Theory and the Elder Victim; Elderly Victim Services and the Law and Its Application; Prosecutorial Procedure/Courtroom Testimony and Elderly Victim Assistance; and Psychology of the Elderly Offender.

Legislation.—The Victims of Crime Act of 1984, as amended, authorizes Federal financial assistance to State victim compensation programs, to State and local victim assistance providers, and for increased services for victims of Federal crimes. The Act establishes a Crime Victims Fund in the U.S. Treasury to support the program. In fiscal year 1986, grants from the Fund awarded to State crime victim compensation programs totaled $23,594,000 and grants to the States for award to local crime victim assistance programs totaled $41,270,000. The Crime Victims Fund—authorized to collect up to $110 million per year—comes from criminal fines and penalties collected from Federal defendants and through the forfeiture of convicted criminals' income from the sale of the story of their crimes. The program will help elderly crime victims, in particular, recover from financial hardships resulting from their victimization.

To be eligible for victim assistance funds, the State must agree to give priority to programs providing assistance to victims of spousal abuse or sexual assault. A recent study financed by the National Institute on Aging found that 58 percent of the abused elderly covered by the study were victims of spousal abuse.

Model legislation.—A number of legislative reforms recommended by the President's Task Force on Victims of Crime have been developed into model statutes by the National Association of Attorneys General and the American Bar Association and are currently being disseminated to State Attorneys General. A number of these stautes, particularly those limiting the disclosure of victims' addresses and phone numbers, maintaining the confidentiality of victims' counseling, and requiring consideration of the impact of the crime upon the victim at the time of sentencing, are of special significance to elderly victims.

National Victims Resource Center.— The Center maintains a data base that serves as a Federal clearinghouse for all information concerning victim/witness assistance, victim compensation programs, and organizations that provide services for crime victims and witnesses.

The NVRC serves as a liaison and provides coordination among national, State, local, and private-sector organizations working to improve services for victims and witnesses. particularly our older Americans. It collects information on the status of compensation programs and victim/witness legislation. A directory of programs and experts in the field is maintained by the NVRC to facilitate communication and the exchange of expertise and to refer victims to appropriate services and resources. Books addressing the issue of victimization of the elderly have been added to the NVRC library.

Family Violence Section.—This section develops and administers the OJP program to assist States in implementing the 63 recommendations of the Attorney General's Task Force on Family Violence, which includes working with other Federal, State, and local agencies, professional organizations, and civic groups. A fundamental conclusion by the Task Force was that violence within the family, including the abuse of elderly relatives, must be regarded as criminal behavior and must be treated as such by the criminal justice system.

A significant number of Task Force recommendations address violence directed toward elderly family members, incuding one recommendation urging further research to determine the most effective reporting methods and intervention techniques in cases of elder abuse. Research was recommended because the Task Force found it to be very difficult to obtain data regarding this problem. During its six hearings held across the country, the Task Force found it to be more difficult to obtain testimony from elderly victims than from any other kind of family violence victim. They found elderly victims to be very fearful, particularly if dependent upon the family for income. A recent study found that judges could do a better job of protecting domestic violence victims, including the elderly, by requiring the accused to stay away from the victim and the home during the period before a trial. Research efforts to explore the problem of abuse of the elderly and the most effective intervention and treatment techniques will be a continuing focus.

ASSISTANCE FOR STATE AND LOCAL PROGRAMS

The Bureau of Justice Assistance, under the Justice Assistance Act of 1984, is authorized to make grants to States for activities in 18 program areas enumerated in the JAA, including programs addressing the problem of crime committed against the elderly. To date, States have subgranted or are planning to subgrant $169,790 for crime prevention, victim support, and consumer fraud investigation activities on behalf of older Americans. A number of other States have reported to the Bureau that they intend to use their block grant funds for similar programs.

BJA also funds activities to develop and implement community level programs that assist elderly citizens and law enforcement personnel through education in the control and prevention of crimes against the elderly, including consumer fraud; to develop and implement programs to assist elderly crime victims to accurately report crimes and to increase understanding of the criminal justice system by the elderly; and to prepare training programs for law enforcement personnel and volunteers regarding the special needs of and barriers to services for elderly crime victims.

CRIME PREVENTION

The Bureau of Justice Assistance supports the National Citizens' Crime Prevention Campaign, which seeks to promote citizen participation in crime prevention activities and provides information—through public service advertising and published materials—on how citizens can protect themselves from crime. The Campaign features the floppy-eared dog named McGruff who urges the public to help "Take A Bite Out of Crime" by participating in neighborhood escort services for the elderly, block watches, citizen patrols, and other activities relating to crime prevention.

The Campaign publishes a number of informational booklets, including "Senior Citizens Against Crime." The booklets and additional information about the Campaign can be obtained by writing: McGruff, Box 6000, Rockville, MD 20850.

CRIME AND THE ELDERLY

The Bureau of Justice Statistics, under its National Crime Survey, collects information on characteristics of victims and offenders, and one of the characteristics on which information is collected is age.

Data gathered by the Bureau of Justice Statistics' National Crime Survey show that the rates of crimes against the elderly are lower than for other age groups in the United States. However, BJS reports that the trauma and economic impact of crime may weigh far more heavily on the elderly, leading them to take precautionary measures that may impoverish their lives. By altering their lifestyles to minimize a special vulnerability to crime, the elderly are forced to accept unwarranted limits on their freedom because of fear of violence.

The latest BJS data found that the ratio of robberies to assaults was 92 to 100 among the elderly compared to about 24 to 100 among younger persons. This shows that the elderly suffer about as many robberies as assaults. In spite of the comparatively low victimization rates among the elderly, this may suggest that the elderly are particularly susceptible to personal crime that is motivated by the opportunity for economic gain.

Other data collected by the Bureau show that the ratio of certain more serious crimes to less harmful crimes has been higher among the elderly than among younger persons. The reason for this may be the differnces between the two groups in occupation, lifestyle, exposure to threatening situations, and patterns of property ownership.

Another finding in one of the Bureau's studies is that 80 percent of all personal crimes against the elderly were common thefts—88 percent of these thefts were personal larcenies without contact between victim and offender. The other 12 percent were divided between purse snatchings and pocket pickings.

PROMOTING CRIME PREVENTION COMPETENCE

Research has shown that increasing the crime prevention competence of the elderly can reduce both the incidence and the fear of victimization among the elderly. The National Institute of Justice is sponsoring a 2-year research project at Colorado State University to investigate "Promoting Crime Prevention Competence Among the Elderly to Reduce Their Victimization and Fear."

The research goal is to identify those media and nonmedia strategies that will increase the crime prevention competence of the elderly by increasing their knowledge about crime prevention; by promoting positive beliefs and attitudes about their role in, and potential contribution to, preventing crime; by promoting crime prevention behaviors that are appropriate to their particular capabilities, resources, and opportunities; and by promoting behaviors that respond to their special crime prevention needs, given their fears, vulnerabilities, and current prevention practices.

From existing national surveys of the general population (including 400 elderly respondents) and from a national survey of the elderly conducted during the current grant period, the project will analyze data on the aforementioned four determinants of crime prevention competence to determine what messages should be promoted and how they should be promoted. Based on these findings, the project will recommend strategies to reach, inform, and involve the elderly more effectively in crime prevention. Recommendations based on the research will be available after receipt of the final report.

PUBLICATIONS

The Justice Assistance Act Agencies have produced a number of publications relating to crimes against the elderly and programs to combat these crimes. Titles include *Crime Against the Elderly in 26 Cities; Crime and the Elderly; Crime Prevention Handbook for Senior Citizens; Crime Prevention Through Environmental Design; Crime Victim Compensation; Criminal Justice and the Elderly: Selected Bibliography; Partnerships in Neighborhood Crime Prevention;* and *Serving Victims of Crime.* Copies of these publications are available from the National Criminal Justice Reference Service, Box 6000, Rockville, MD 20850.

ITEM 10. DEPARTMENT OF LABOR

DECEMBER 10, 1986.

DEAR MR. CHAIRMAN: Enclosed is a summary of the programs and activities of the Department of Labor for fiscal year 1986 related to aging.

Described in the report are programs administered by the Employment and Training Administration and the Pension and Welfare Benefits Administration.

I trust this information will be of assistance to you in preparing your report, "Developments in Aging."

Very truly yours,

WILLIAM E. BROCK.

Enclosure.

EMPLOYMENT AND TRAINING ADMINISTRATION

INTRODUCTION

The Department of Labor (DOL's) Employment and Training Administration (ETA) provided a variety of training, employment and related services for the Nation's older individuals during program year 1985 (July 1, 1985–June 30, 1986) through the following programs and activities: the Senior Community Service Employment Program (SCSEP); programs authorized under the Job Training Partnership Act (JTPA); the Federal-State Employment Service System; and research and demonstration efforts.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

The Senior Community Service Employment Program (SCSEP), authorized by Title V of the Older Americans Act, employs low-income persons age 55 or older in a wide variety of part-time community service activities such as health care, nutrition, home repair and weatherization programs, and in beautification, fire prevention, conservation, and restoration efforts. Program participants work an average of 20 hours per week in schools, hospitals, parks, community centers, and in the other government and private nonprofit facilities. Participants also receive personal and job-related counseling, annual physical examinations, job training, and in many cases referral to regular jobs in the competitive labor market.

Nearly 80 percent of the participants are age 60 or older, and nearly half are age 65 or older. Over 60 percent are female, half have not completed high school, and over 85 percent have a family income below the poverty line.

Table I shows SCSEP funding, enrollment, and participant characteristics for the program year July 1, 1985, to June 30, 1986.

TABLE 1.—*Senior Community Employment Program (SCSEP):* Funding, enrollment, and participant characteristics—program year July 1, 1985, to June 30, 1986

Funding	$326,000,000
Enrollment:	
Authorized positions established	63,700
Unsubsidized placements	13,445
Characteristics (percent):	
Sex:	
Male	33
Female	67
Educational status:	
8th grade and less	29
9th through 11th grade	21
High school graduate or equivalent	33
1–3 years of college	12
4 years of college or more	5
Veterans	15
Ethnic group:	
White	65
Black	23
Hispanic	8
American Indian/Alaskan Native	2
Asian/Pacific Island	3
Economically disadvantaged	100
Poverty level or less	85
Age:	
55–59	23
60–64	29
65–69	23
70–74	15
75 and over	10

Source: U.S. Department of Labor, Employment and Training Administration.

JOB TRAINING PARTNERSHIP ACT (JTPA) PROGRAMS

The Job Training Partnership Act (JTPA) became fully operational on October 1, 1983. JTPA, provides job training and related assistance to economically disadvantaged individuals, dislocated workers, and others who face significant employment barriers. The ultimate goal of JTPA is to move program participants into permanent, self sustaining employment. Under JTPA, Governors have approval authority over locally developed plans and are responsible for monitoring local program compliance with the Act. JTPA also created a new public/private partnership to plan and design training programs as well as to deliver training and other services. Private industry councils, in partnership with local governments in each service delivery area, are responsible for providing guidance for and oversight of job training activities in the area.

JTPA places emphasis on increasing the post program employment and earnings of economically disadvantaged and displaced workers. Seventy percent of the funds available to service delivery areas are required to be spend on training. Not more than 15 percent can be spent for the cost of administration, and not more than 30 percent may be spent for the combined costs of administration and supportive services.

Basic JTPA Grants

Title II-A of JTPA authorizes a wide range of training activities to prepare economically disadvantaged youth and adults for unsubsidized employment. Training services available to eligible older workers through the basic Title II-A grant program may include activities such as on-the-job training, institutional and classroom training, remedial education and basic skill training, and job search assistance and counseling. Table 2 shows the number of persons 55 years of age and over who terminated from the Title II-A program during the period July 1, 1985, through June 30, 1986.

TABLE 2.—JTPA ENROLLMENT JULY 1, 1985–JUNE 30, 1986 (TITLE II-A GRANTS)

Item	Number served	Percent
Total terminees	385,135	100
55 years and over	11,888	3.0

Source: U.S. Department of Labor, Employment and Training Administration, (October 1986 Preliminary Data).

Programs for Dislocated Workers

Title III authorizes a State-administered dislocated worker program which provides training and related employment assistance to workers who have been, or have received notice that they are about to be, laid off due to a permanent closing of a plant or facility; laid-off workers who are unlikely to be able to return to their previous industry or occupation; and the long-term unemployed with little prospect for local employment or reemployment. Those older workers eligible for the program may receive such services as job search assistance, retraining, pre-layoff assistance and relocation. During the period July 1, 1985, through June 30, 1986, approximately 9,000 individuals 55 years of age and over went through the program (about 8 percent of the program terminations).

Section 124 Set-Aside

Section 124 of JTPA calls for 3 percent of the Title II-A allotment of each State to be made available for the training and placement of older individuals in employment opportunities with private business concerns. This provision specifies that only economically disadvantaged individuals who are 55 years of age or older are eligible for services funded from this set-aside.

JTPA offers wide discretion to the Governors in using the setaside. Two major patterns have evolved. One is its use for organizationally distinct older worker projects in a manner similar to the categorical separation of SCSEP programs from the rest of the JTPA system. The other is the use of the set-aside as resources for

Title II-A programs to ensure a minimum portion of older workers among Title II-A participants, without the creation of separate programs for older workers. In some States, all or part of the set-aside is formula-funded to service delivery areas. In other States, it is used for administration at the State level for model programs or for both purposes. The 3 percent set-aside of the Title II-A allotment of each State to be made available for economically disadvantaged individuals 5 years of age and over will not be shown as a separate category until the release of program year 1986 data.

THE FEDERAL-STATE EMPLOYMENT SERVICE SYSTEM

The national system of public employment offices offers employment assistance to all jobseekers, including middle-aged and older persons. A full range of labor market services are provided, including counseling, testing, job development, job search assistance and job placement. In addition, labor market information and referral to relevant training and employment programs are also made available. With the enactment of the employment service amendments to JTPA, there has been a reduction in the Federal reporting requirements for the State Employment Service Agencies. Table 3 shows the four major reporting items required. For program year 1985, characteristics data, including age breaks, were not collected under the Federal reporting system. Therefore, data concerning age groups are estimated. Using the percentage totals for the previous reporting year as estimates, the State Employment Service agencies placed about 460,000 individuals 40 years of age or older. This category, which constitutes about 21 percent of all applicants, was referred to 16 percent of all job openings and received 23.8 percent of the counseling services.

TABLE 3.—EMPLOYMENT SERVICE ACTIVITIES TO ASSIST OLDER WORKERS—PROGRAM YEAR 1985

Services provided by State employment service agencies	Individuals served		
	Total	Age 40 (percent) [1]	Age 55 (percent) [2]
Total applicants	19,911,505	21.2	5.6
Individuals referred to job openings	7,291,373	16.1	3.7
Individuals placed in a job	3,429,905	13.3	3.2
Individuals counseled	640,534	23.8	6.1

[1] Estimates based upon percentages from program year 1984 reports.
[2] Data from Employment Service Program Quarterly Report.

Source: U.S. Department of Labor, Employment and Training Administration.

RESEARCH

In fiscal year 1986, a study of job placement systems for the elderly was undertaken and is currently ongoing, in cooperation with the Administration on Aging, Department of Health and Human Services. In addition, three reports were issued on a 1-year evaluation of SCSEP. One report provided information on four additional mechanisms whose use would tend to increase community service employment opportunities.[1] A second report analyzed the success of the regular SCSEP program in fostering useful, parttime community service activities for the target population.[2] The third report compared the experimental SCSEP projects with the regular SCSEP in regard to demographic characteristics, training provided, and levels of post-program unsubsidized employment.[3] Further, two other reports were also issued on studies of the Older Men's Cohort of the National Longitudinal Surveys of labor market experience. One of these reports analyzed the inter-relationships of health factors and job satisfaction with work activities,[4] while the other compared the accuracy of two methods of predicting retirement behavior.[5]

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[1] Additional Mechanisms to Increase Community Service Employment Opportunities for Older Americans. Centaur Associates, Inc., July 1986.

[2] Evaluation Study of the Senior Community Service Employment Program. Centaur Associates, Inc., July 1986.

[3] Report on the 502(e) Experimental Projects Funded Under Title V of the Older Americans Act. Centaur Associates, Inc., July 1986.

[4] Health Status and Work Activities of Older Men: Events-History Analysis of Selected Policy Issues. Center for Human Resources Research, The Ohio State University, March 1985.

[5] On the Use of Expectations Data in Micro Surveys: The Case of Retirement. Center for Human Resources, Research, The Ohio State University, March 1985.

PENSION AND WELFARE BENEFITS ADMINISTRATION (PWBA)

INTRODUCTION

The Pension and Welfare Benefits Administration (PWBA) is responsibile for enforcing the Employee Retirement Income Security Act (ERISA). PWBA's primary responsibilities are for the reporting and disclosure and fiduciary provisions of the law.

Employee benefit plans generally maintained by employers or by employers and unions, must meet certain standards set forth in ERISA. These standards are designed to insure that an employee actually will receive the benefits promised under the plan. ERISA applies only to private sector plans.

The requirements of ERISA differ according to whether the benefit plan is a pension plan or a welfare plan. Both pension plans and welfare plans must comply with certain provisions of ERISA governing reporting and disclosure to the Government and to participants (Title I, Part I) and fiduciary responsibility (Title I, Part 4). Pension plans must comply with additional ERISA standards (contained in both Title I, Parts 2 and 3, and Title II) including who must be allowed to be a member of a plan (participation), when a participant's right to a benefit becomes nonforfeitable (vesting), and how the employer is to finance benefits offered under the plan (funding).

The Departments of Labor and the Treasury have responsibility for administering the provisions of Title I and Title II, respectively, of ERISA. The Pension Benefit Guaranty Corporation (PBGC) is responsible for administering Title IV, which establishes an insurance program for certain benefits provided by specified ERISA pension plans.

REPORTING AND DISCLOSURE STANDARDS

ERISA requires that plans disclose to participants and report to the Federal Government information about plan provisions and financial status. Certain plans must submit an annual report. The report is a financial statement; defined benefit plans must also submit a certified actuarial report. The report generally includes a statement of plan assets and liabilities, a statement of the transactions involving conflict of interest situations, and other information regarding the administration of the plan. Annual report forms are simplified for small plans, and a number of paperwork reductions have been instituted since ERISA's passage in 1974.

The annual report is submitted to the Internal Revenue Service (IRS) and shared by the ERISA agencies. In fiscal year 1986, DOL received over 834,000 annual reports. This information is used for enforcement and research. The plan administrator also submits a summary of the annual report to plan participants and furnishes participants, beneficiaries and DOL with a summary plan description (SPD) written to be understood by the average person. The SPD contains a description of benefits, the requirements for eligibility and procedures for presenting claims for benefits. In addition, participants may request, or, in some cases must receive, a statement of their individual benefits.

MINIMUM STANDARDS FOR PARTICIPATION AND VESTING

IRS, for the most part, enforces the ERISA minimum standards. ERISA sets forth certain standards regarding the age and the service requirements which an employee can be required to have completed before being allowed to participate in the employer's pension plan. The basic rule is that an employee cannot be denied membership in the plan, merely on account of age or service, if he or she is at least 21 years old and has worked for the employer for one year.

Certain other ERISA provisions govern when a plan participant must gain a nonforfeitable right to that portion of the retirement benefit provided by the employer's contributions to the plan. (The participant's own contributions are always nonforfeitable.) In this regard, the plan must provide that an employee gains a nonforfeitable right to this portion of his or her retirement benefit according to a schedule which is not less generous than one of the four set forth in ERISA. The Tax Reform Act of 1986 established new schedules which, for most types of plans, will require providing a nonforfeitable right to a retirement benefit sooner than under the current schedules. The new schedules will be effective for plan years beginning after December 31, 1988.

ERISA also contains rules on the rate at which participants must be allowed to "accrue" a benefit, i.e., the rate at which they are considered to have "earned" a portion of their ultimate retirement benefit. These standards basicaly are relevant to pension plans which provide participants a defined periodic payment upon retirement.

MINIMUM FUNDING STANDARD

ERISA sets forth rules for financing the pension benefits of plans which promise participants a defined periodic payment upon retirement. In plans of this type, the employer's contributions are determined actuarially. Certain assumptions are used concerning mortality, interest and turnover to calculate how much is needed in order to insure sufficient funds to provide for the benefits promised by the plan. ERISA provides rules govering what types of acturial assumptions and funding methods are appropriate and establishes penalties for failure to comply with these standards. These funding rules are enforced by IRS.

FIDUCIARY STANDARDS

ERISA sets certain standards regarding the investment and utilization of plan assets with which fiduciaries of employee benefit plans must comply. These standards include that plan assets be invested "solely in the interest" of plan participants and beneficiaries and that plans be maintained for the exclusive benefit of the participants and their beneficiaries. ERISA provides that fiduciaries adhere to standards regarding the safeguarding and diversification of plan assets that would be followed by a "prudent" investor. ERISA also set forth certain rules governing activities that (unless specifically exempted) may not be carried out by certain individuals and groups (including fiduciaries) who, because of having a potential conflict of interest with the plan, might cause the plan to operate in the interests of themselves rather than in the interests of the plan participants and beneficiaries. These activities are known as "prohibited transactions," and persons who violate them are subject to a tax imposed by IRS.

Civil actions may be brought by the Secretary of Labor or plan participants and beneficiaries for a breach of fudiciary duty. DOL places great emphasis on enforcing these fiduciary provisions. In fiscal year 1986, it recovered over $100 million for employee benefit plans through a combination of litigation and voluntary compliance. Under voluntary compliance, breaches of fiduciary duty are corrected through voluntary settlement agreements with plan officials. More than $33 million was recovered through voluntary compliance and over $67 million through litigation. Potential criminal violations are investigated by both PWBA and the Inspector General's Office of Labor Racketeering and ultimately may be referred to the Attorney General of the United States for prosecution.

PLAN TERMINATION INSURANCE

Title IV of ERISA establishes a benefit insurance program administered by PBGC, an independent nonprofit entity with a board of directors consisting of the Secretaries of Labor, Commerce, and the Treasury. This insurance program is applicable only to pension plans which promise a defined benefit upon a participant's retirement. Employers who maintain these plans are required by pay a per-participant premium to PBGC to finance this coverage.

The guarantee program differs according to whether the plan is a single-employer plan or one maintained by more than one employer. In the case of a single-employer plan, PBGC will guarantee, to a prescribed level, the payment of a participant's nonforfeitable benefit if the plan terminates with insufficient assets to meet its obligations to pay these benefits. In the case of a multi-employee plan, PBGC guarantees benefits at a prescribed level lower than in the single-employer situation. In this case, however, it is the inability of the plan to pay participants their guaranteed amounts rather than termination that triggers financial assistance.

RESEARCH AND DEVELOPMENT

PWBA conducts a coordinated program of research through contracts and inhouse studies. The research program develops data on employee benefit plans which can be used as the basis for program modifications or policy decision. It also analyzes economic issues related to retirement decisions and income. The following studies were completed in fiscal year 1986.

(1) An information study of employer-sponsored health benefits for retirees,

(2) Data entry and validation of 1983 pension and welfare plan annual report data,

(3) Analysis of actuarial practices of private pension plans,

(4) A study of the effect of asset reversions on pension plans participants' benefits,

(5) A study of the practices and benefits of a sample of employer-sponsored retirement health benefit plans,

(6) An analysis of the investment performance of ERISA plans, and

(7) A handbook of pension statistics through 1985.

In addition, three internal studies are in process:

(1) An analysis of the combined retirement benefits provided by a private pension and Social Security,

(2) A summary of the 1982 welfare plan annual report data, and

(3) An analysis of the funding status of multiemployer plans in 1983.

Finally, the following research contracts were awarded, but not completed, in fiscal year 1986:

(1) An analysis of the policy implications of trends toward defined contribution plans,

(2) The impact of pension policies on productivity and welfare, and

(3) A study of the increasing use of defined contribution pension plans.

INQUIRIES

PWBA publishes literature and audio-visual materials which in some depth explain provisions of ERISA, procedures for plans to effect compliance with the act, and the rights and protections afforded participants and beneficiaries under the law. In addition, PWBA deals with many inquiries from older workers. During fiscal year 1986, the national office staff responded to over 27,000 inquiries from plan participants, beneficiaries and other persons interested in the administration of plans. Among the publications disseminated, the following are designed exclusively to assist the public in understanding the law and how their pension plans operate:

—What You Should Know About The Pension and Welfare Law.

—Know Your Pension Plan.

—How To File A Claim For Benefits.

—Often Asked Questions About ERISA.

—Retirement Equity Act: Its Impact on Women.

ITEM 11. DEPARTMENT OF STATE

DECEMBER 11, 1986.

DEAR MR. CHAIRMAN: You requested an annual report updating the status of older Americans and legislative developments related to programs and services for the elderly within the Department of State. In response to your request, the Department of State is not involved in any activities, programs, services or grants affecting older Americans as defined in Section 203 of the Older Americans Act of 1965 and in the guidelines set out in your Committee report, entitled *Developments in Aging: Part II.*

Sincerely,

J. EDWARD FOX,
Assistant Secretary,
Legislative and Intergovernmental Affairs.

Enclosure.

The Department of State is active in three program or service capacities that directly affect older Americans. Each is described below.

Assistance to Older Americans.—Embassies and Consultates of the United States assist thousands of Social Security beneficiaries residing overseas, by (1) aiding the Social Security Administration in distributing benefit checks, and (2) providing a point of contact between Americans retired overseas and the Social Security Administration and other U.S. Government service agencies.

Advice for Senior Citizen Travelers.—As a public service, the Department publishes a pamphlet called Travel Tips for Senior Citizens, which offers advice to older people contemplating foreign travel. The pamphlet contains recommendations specifically directed to them.

Employment.—The Department of State consicientously seeks to be a nondiscriminatory employer, and to eliminate barriers to the hiring or advancement of older Americans.

Retirement Counseling.—The Department of State assists its employees in the transition from full-time government employment to retirement, through the provision of retirement planning seminars. All employees within 5 years of eligibility for retirement may attend periodic retirement seminars. The Department sponsored seven such seminars in fiscal year 1986 attended in all by over 600 employees. Staff of the Bureau of Personnel also provide confidential advice and counsel to employees considering retirement.

In addition, employees who are within 1 year of qualifying for retirement and want to seek a second career are eligible to receive intensive counseling and training ranging from personal assessment to job search techniques such as résumé preparation, interviewing techniques, networking, and other aspects of the job search process. They also are eligible for outplacement assistance including registration in a job talent bank maintained by the Department.

ITEM 12. DEPARTMENT OF TRANSPORTATION

DECEMBER 29, 1986.

DEAR SENATOR HEINZ: I am pleased to forward to you the enclosed report which summarizes significant actions taken by this Department during fiscal year 1986 to improve transportation facilities and services for older Americans. The report is being forwarded in response to your letter to Secretary Dole, requesting information for Part 2 of the Committee's annual report, *Developments in Aging*. I hope you will find this information helpful.

If we can assist you further, please let us know.

Sincerely,

MATTHEW V. SCOCOZZA,
Assistant Secretary for Policy and International Affairs.

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during fiscal year 1986 to improve transportation for elderly persons.[1]

POLICIES

Federal Railroad Administration

Amtrak continued throughout fiscal year 1986 its system-wide policy of offering to handicapped and elderly persons a 25-percent discount on one-way and round-trip purchases, with the exception of certain peak travel days. Senior citizens and handicapped passengers are not permitted to combine their 25 percent discount with any other discounts.

Amtrak also provides on-demand special services, such as special food service, facilities for handling reservations for the hearing impaired, special equipment handling, and provision of wheelchairs and assistance in boarding and deboarding of elderly and handicapped passengers, who either inform the ticket agent of their needs at the time they book their reservations or call the railroad station in advance of their travel.

Urban Mass Transportation Administration

During fiscal year 1986, the Urban Mass Transportation Administration has been the lead agency in an interdepartmental working group of staff from the Department of Transportation and the Department of Health and Human Services. Early in fiscal year 1987, a formal Federal Coordinating Council will be established. The liaison between these two Departments is for the purpose of improving the coordination and effective use of transportation resources of both Departments. As part of that effort, the interaction between the two Departments will work toward improving coordinated specialized transportation systems to increase the mobility of elderly Americans.

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[1] Many of the activities highlighted in this report are directed toward the needs of handicapped persons. However, one-third of the elderly are handicapped and thus will be major beneficiaries of these activities.

REGULATIONS

Federal Aviation Administration

The FAA issued a regulation on Emergency Medical Equipment that became effective August 1, 1986, which will indirectly benefit older persons. This regulation requires air carriers operating passenger flights with large aircraft to carry medical kits containing equipment for use in the diagnosis and treatment of inflight medical emergencies. Qualified medical personnel often are aboard passenger flights when medical emergencies occur, and the availability of appropriate medical equipment and medication will improve the quality of medical treatment that these personnel can provide in such emergencies. FAA estimates that from 2 to 10 lives may be saved each year as a result of these medical kits, and some of the lives saved are expected to be those of elderly persons.

Urban Mass Transportation Administration

On May 23, 1986, the Department of Transportation published the new final rule to implement Section 504 of the Rehabilitation Act of 1973, as amended, for recipients of financial assistance from the Urban Mass Transportation Administration. The rule requires recipients to provide mass transportation services for handicapped persons that meet six service criteria. These criteria include that the service be provide in the same geographic area as service provided to the general public, during the same days and hours as service provided to the general public, and that there be no restrictions on trip purpose.

ARCHITECTURAL BARRIER REMOVAL ACTIVITIES

Federal Highway Administration

The Federal Highway Administration (FHWA) is continuing to monitor the States' compliance with the Federal law requiring curb cuts at newly constructed pedestrian crosswalks and accessibility features on certain federally funded pedestrian and rest area facilities (Title 23, U.S. Code, Section 402(b)(1)(F) and Public Law 90-480).

Federal Railroad Administration

Amtrak is continuing to make modifications to its passenger railroad stations, vehicles, and services in line with Amtrak's transition plan submitted in accordance with the Department's regulation implementing Section 504 of the Rehabilitation Act of 1973. All new Amtrak stations and rolling stock have been designed to be accessible to persons with disabilities. For the Northeast Corridor Improvement Project, where FRA had design responsibility, the architects and engineers were required to meet handicapped standards (which also benefit the elderly), in accordance with local codes and American National Standards Institute Specifications.

CAPITAL ASSISTANCE

Urban Mass Transportation Administration

Under Section 16(b)(2) of the Urban Mass Transportation Act, the Urban Mass Transportation Administration provides assistance to private nonprofit organizations for the provision of transportation services for the elderly and persons with disabilities. In fiscal year 1986, over $29.7 million was used to assist in the purchase of 1,432 vehicles for the provision of transportation services for elderly persons and persons with disabilities.

Under Section 18 of the Urban Mass Transportation Act, the Urban Mass Transportation Administration obligated $110 million to States in fiscal year 1986. These funds were to be used for planning, capital, operating and administrative expenditures by State and local agencies, nonprofit organizations and operators of public transportation services in rural and small urban areas under 50,000 population. While Section 18 services must be open to the general public, a significant percentage of passengers served are elderly persons and persons with disabilities.

RESEARCH AND TECHNICAL ASSISTANCE

Federal Highway Administration

The FHWA's Office of Safety and Traffic Operations Research and Development worked with the American Association of Retired Persons to develop a slide-tape presentation that focuses on safety problems encountered by elderly pedestrians and concludes with practical information for them. Throughout the presentation, the emphasis is on informing elderly persons of their special safety problems and on presenting positive actions they can take to enhance their safety and mobility.

In addition, the Office initiated "Operation Pedsaver" to develop a national emphasis program on pedestrian safety. Because the elderly are over-represented in pedestrian accidents, they are one of the target groups of this effort.

Coordinated Program Addressing Problems of the Elderly Driver and Pedestrian is the title of a research project initiated by FHWA staff to develop a report on problems often encountered by the elderly driver and pedestrian.

FHWA initiated a project to produce a handbook compiling information on planning, design, and maintenance of pedestrian facilities. One of the areas covered is design features required to accommodate elderly and handicapped pedestrians.

Accessible Networks for Elderly and Handicapped Pedestrians is the title of a project under which the concept of a priority accessible network (PAN) has been developed to address the problem of accommodating elderly and handicapped pedestrians. An existing manual outlining the process of developing PAN's was tested in a number of cities. Present activities involve efforts to update the manual based on experiences in these cities as well as in other cities that used the manual.

The study entitled *Improving Safety and Mobility for Older People,* initiated in June 1986, will examine available research data, evaluate public policy questions, recommended improvements, and identify and recommend promising areas for continued research on needs of the elderly in traffic and procedures to meet those needs. The expert committee conducting the study will, in addition to the above, identify and recommend promising measures to improve highways, vehicles, and licensing of vehicles.

Traffic Control Design Elements for Accommodating Drivers With Diminished Capability is the title of a study that will determine the extent that drivers with diminished capability are being adequately accommodated by the current generation of traffic control devices, and whether the special needs of these motorists are being met by traffic control design criteria.

National Highway Traffic Safety Administration

A study was completed in fiscal year 1986 that identified 20 major organizations, agencies, and groups (e.g., American Automobile Association, American Association of Retired Persons, American Red Cross, National Safety Council that would cooperate with the National Highway Traffic Administration (NHTSA) in the distribution of traffic safety information to older drivers, passengers, and pedestrians.

NHTSA is one of several sponsors of *Improving Safety and Mobility of Older Persons,* a major $450,000, 2-year study managed by the National Academy of Sciences and the Transportation Research Board. Subcommittee of experts are addressing mobility, roadway environments, vehicles, and drivers/pedestrians, looking at disabilities found among other persons, and assessing current and future design, management, institutional, and other factors that seem likely to reduce the incidence and consequences of accidents. The study, which also has support from the Federal Highway Administration, the Veterans Administration, the National Institute of Aging, and other public and private organizations, will identify professional practices and public policies that can resolve the problems of mobility for the elderly. It will also recommend future promising research topics.

Another study is underway to develop a methodology for evaluating vehicle rearview mirror systems. One of the evaluation criteria to be used in the tests will be the extent to which elderly drivers may have difficulty in using various rearview mirror systems.

In planned research related to the development of vehicle headlamp performance standards, the effects of glare on different age populations, including the elderly, will be considered in the development of criteria for acceptability of headlamp systems. Glare from oncoming vehicle headlights is a particularly serious problem for older drivers.

Urban Mass Transportation Administration

The Urban Mass Transportation Administration (UMTA) is developing guideline specifications for bus and paratransit wheelchair accessibility equipment. Wheelchair accessibility equipment safety and reliability have been major problems in providing adequate transit service to disabled persons. Guideline documents are being prepared utilizing inputs from an advisory panel consisting of urban and rural transit operators, handicapped and elderly user groups, State and local agencies, equipment suppliers (bus, wheelchair, lift, and securement devices) and participants at the Bus Wheelchair Accessibility Workshop held in Seattle, WA (May 7-9, 1986). Final guideline documents on wheelchair lifts, ramps and securement systems will be available in late 1986.

During fiscal year 1986, the Urban Mass Transportation Administration funded three projects that will investigate methods for improvement in transportation services for elderly and handicapped persons. The first project provided funding to develop and implement a coordinated transportation enhancement program for elderly, handicapped, and disadvantaged patrons in the New Orleans metropolitan area and selected rural parishes. The project will establish a referral system to direct patrons to appropriate providers and to coordinate transportation services to reduce duplication. Also, the project will implement the use of standardized reporting procedures for use by participating agencies to provide comparable data categories for analyzing project results. The second project will develop, test and evaluate a wheelchair lift for a specific type of commuter bus which will allow domestic bus manufacturers to provide wheelchair accessible commuter buses to transit agencies. The third project funded will identify and describe what private companies, pension plans, foundations, and unions in the Washington, D.C. area are doing to provide transportation services to their disabled employees and members.

Research and Special Program Administration

Evacuation and Rescue of Elderly and Disabled Passengers from Rail Transit Vehicles is the title of a report soon to be released. This report is one product of research that was conducted by the Transportation Systems Center of the Department's Research and Special Programs Administriaton. The report is designed to raise the awareness of transit system personnel of the need for special methods for evacuating elderly and disabled persons under emergency conditions. It will also assist them in improving their emergency preparedness planning for these persons.

INFORMATION DISSEMINATION

Office of the Secretary of Transportation

I. Working with the organizers of the Third International Conference on Mobility and Transport of Elderly and Handicapped Persons, the Office of the Secretary's Technology Sharing Program has issued a proceedings document from the conference. The 62 papers included cover a wide range of issues relating to the subject, including air transport problems of handicapped travelers, application of microcomputers to specialized transportation, national initiatives of seven countries for the elderly, and handicapped, the needs of elderly pedestrians, operation of specialized bus services for the elderly, and planning techniques for these services. The document was available at the Fourth International Conference, held this summer in Vancouver, Canada, and is currently being disseminated nationwide.

II. The Technology Sharing Program is disseminating a variety of Federally developed products dealing with transportation for the elderly jointly with the Department of Transportation's operational administrations.

—A three-volume *Director of Rural and Specialized Transit Operators* was developed by Rural America under UMTA funding. The director includes systems funded in whole or in part by UMTA's Section 18 and 16(b)(2) programs and includes material on each system's service area, type of service, number of vehicles, clients served and trips taken, mailing address, and phone number. The data is aggregated into regional and national profiles describing the state of Department of Transportation-sponsored low density and special transit programs.

—*The First UMTA and AoA National Conference on Transportation for the Elderly and Handicapped Final Report* was issued in concert with UMTA and the Administration on Aging of the U.S. Department of Health and Human Services. The Document summarizes the problem areas and solutions identified at the conference and also includes selected key papers presented at the conference.

—*Taxi-Based Paratransit Technology/Operations Packages in Europe* was developed under funding from the UMTA Technical Assistance Program by EcoPlan International of Paris, France. the report is an exploration of new dispatching systems for cabs which use digital or computer data communications, and how they can improve services for the elderly, handicapped, and general public users in urban and suburban area.

—*A Review of Accounting Software for Transit* was developed under funding from the UMTA Technical Assistance Program by Peat, Marwick, Mitchell & Company. This document describes a variety of microcomputer-based financial management packages and reviews how they might be used for record-keeping and accounting by small or specialized transit operators (especially those using the UMTA Section 15 record formats, or a modified version of them).

III. The Technology Sharing Program has also reprinted a number of State-originated documents which will contribute to better operation or utilization of low-density or special transit services:

—Michigan's *Small Transit System Management Handbook* describes how to institute, organize, and maintain small transit systems. The document specifically treats the problems of serving handicapped or elderly users, how to involve public systems in providing special transportation, and marketing services to specific audiences like elderly and handicapped persons.

—The Transportation Association of South Carolina's *Consolidated Procurement Study* covers how pooling of orders can result in cost savings for transit operators. The approach may be particularly valuable for smaller systems serving elderly or handicapped persons.

—Michigan's *Marketing Public Transit: An Evaluation* describes the results of marketing projects conducted by eleven transit systems in the State and the techniques used to evaluate them. Many of the approaches can be used to reach special market segments, including elderly and handicapped persons.

IV. The Technology Sharing Program has been working with the eight-State Transportation Accounting Consortium to develop a manual on simplified and streamlined record-keeping procedures for rural and specialized transportation providers. The Consortium, which was formed at State initiative back in the late 1970's, includes Arkansas, Colorado, Florida, Iowa, Massachusetts, Michigan, North Carolina, and South Carolina. The Consortium is funded currently by UMTA's Section 8 Planning Program, and continues to provide backup to State-sponsored sessions on administrative simplification for small transit operators. The group's report on alternative accounting techniques, *Simplifying Human Service Transportation and Small Transit System Accounting,* has recently been updated and continues to be distributed nationally through the Technology Sharing Program to support the group's technical assistance efforts for other States.

Federal Highway Administration

The Federal Highway Administration developed a brochure entitled *Facilities for Accommodating Physically Handicapped and Elderly Persons in the Federal-Aid Highway Program.* This brochure outlines the standards to be used in designing facilities to accommodate the handicapped. It also describes how Federal-aid highway funds may be obtained for assistance in building accessible facilities under the Federal-aid highway program. Copies of the brochure were furnished to each of the agency's field offices and to State highway agencies.

Federal Railroad Administration

Amtrak publishes an informational brochure entitled "Access Amtrak" which describes the services available to its handicapped and/or mobility impaired passengers (including the elderly). All public timetables contain a special assistance information tollfree number for handicapped and elderly passengers, and each of Amtrak's reservations offices has copies of "Access Amtrak" available to distribute to interested persons.

Urban Mass Transportation Administration

The Urban Mass Transportation Administration, through the Canadian Department of Transportation, co-sponsored and financially supported the Fourth International Conference on Mobility and Transportation for Elderly and Disabled Persons. The Conference was held July 21-23, 1986, in Vancouver, British Columbia, as one of the events of EXPO 86.

The goal of the Conference was to provide a cross-cultural exchange on the state of the art of transportation programs designed to enhance the mobility of the elderly as well as the handicapped and other transportation disadvantaged persons.

ITEM 13. DEPARTMENT OF THE TREASURY

DECEMBER 15, 1986.

DEAR MR. CHAIRMAN: I am pleased to submit, for inclusion in *Developments in Aging*, the Treasury's report on the Department's activities during Fiscal Year 1986 which affected the aged. I hope our report will be of use to the Special Committee on Aging and others studying the problems faced by older Americans.

Sincerely,

GEORGE D. GOULD, *Acting Secretary*.

Enclosure.

TREASURY ACTIVITIES IN FISCAL YEAR 1986 AFFECTING THE AGED

The Treasury Department recognizes the importance and the special concerns of older Americans, a group that will comprise an increasing proportion of the population in decades ahead.

The Secretary of the Treasury is Managing Trustee of the Social Security trust funds. The short- and long-run financial status of these trust funds is presented in annual reports issued by the Trustees. The 1986 reports concluded that Old-Age and Survivors Insurance and Disability Insurance benefits can be paid on time well into the next century. In contrast, the financial outlook for Medicare, in particular Hospital Insurance (or Part A), may become troublesome in the next decade. In this event some Congressional action may be needed in the next several years.

The Treasury Department is the Executive Branch agency responsible for developing the Administration's tax policy proposals. Based in part on the Department's efforts, the President signed into law the Tax Reform Act of 1986. Under the new law, individual income tax burdens generally will be reduced, income tax rates will decline, and the size of the personal exemption will be substantially increased. The result will be to remove millions of low income persons from the tax rolls, including many elderly people.

Under the Tax Reform Act, the elderly will be entitled to a larger standard deduction than other taxpayers. This provision replaces the extra personal exemption to which the elderly were previously entitled. Beginning in 1987, each elderly taxpayer who is single is allowed an extra $750 standard deduction. Each married taxpayer is entitled to an extra $600 so that a married couple will be entitled to $1,200. Beginning in 1989, these extra amounts will be indexed to reflect the effects of inflation.

Moreover, beginning in 1987, the elderly will be entitled to a larger basic standard deduction that will not become available to other taxpayers until 1988. Elderly taxpayers who are single will have a basic standard deduction of $3,000, instead of $2,540, an extra $460. Elderly heads of households will be allowed $4,400 instead of $2,540, an extra $1,860. Married couples filing jointly will be allowed $5,000 instead of $3,760, an extra $1,240, and married persons filing separately will be entitled to a standard deduction of $2,500 instead of $1,880, an extra $620. Of course, these amounts will be augmented by the $600 or $750 (depending on marital status) of extra standard deduction mentioned above.

The Tax Reform Act retains the other special provisions for elderly taxpayers, the tax credit for the elderly (and permanently disabled) and the one-time exclusion of the first $125,000 of profit from the sale of the personal residence of a taxpayer over age 55.

The part of Treasury with which many senior citizens have contact is the Internal Revenue Service (IRS). The level of contact has increased significantly since 1984 when Social Security (and railroad retirement Tier I) benefits became subject to Federal income tax. Described below is information concerning IRS activities during fiscal year 1986 directed toward helping persons 65 and over with their Federal income taxes. Activities of other Treasury agencies which affect older Americans are summarized in the last section of the report.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

The Internal Revenue Service places considerable emphasis on informing older Americans of their tax rights and responsibilities. IRS also continues to make special efforts to inform those individuals who, because of immobility, impaired health, or other factors, may miss out on benefits to which they are entitled unless IRS reaches them directly. The major programs in this effort are described below:

—The focus of the *Tax Counseling for the Elderly (TCE)* program is free, convenient, tax assistance to the elderly. In fiscal year 1986, the TCE Program was expanded to include telephone service. Sponsors were given the option to operate telephone answering sites to assist the elderly with tax questions, help with forms, and schedule appointments. The IRS contracts with non-profit organizations whose members will be trained and then act as volunteer tax assistors. Although the service is free to the taxpayer, under the contractual agreement volunteers are reimbursed for their out-of-pocket expenses incurred while traveling to community assistance sites or residences for the elderly. IRS assistance to older Americans through the TCE program has been growing since the program's inception in 1980.

—*The Volunteer Income Tax Assistance (VITA)* program provides tax assistance to targeted groups including the elderly. Volunteers are trained by the IRS and offer their services to taxpayers needing assistance. This service is free to the taxpayer. Many VITA volunteers also helped the elderly in preparing their State and local returns. In addition, volunteers helped elderly taxpayers to compute their estimated tax for the upcoming tax filing season.

—*The Small Business Workshop* program is designed to assist taxpayers with information they may need to begin a business. Although the program is designed for the general public, the elderly can also avail themselves of this service, and do, when beginning second careers. To help expand tax education of the self-employed, 16 recommendations developed under the IRS program Strategic Initiative are being acted on. They include, for example, a direct mail campaign to self-employed persons, and a workshop for "home based business". These recommendations are designed to help all self-employed persons, but elderly self-employed taxpayers will also benefit from these recommendations.

—As part of the *Library* program, the IRS supplies libraries nationwide with free tax aids such as reproducible tax forms, reference publications, and audiovisual materials on the preparation of Forms 1040, 1040A, 1040EZ and related schedules. The elderly may make use of these items at any of the approximately 18,000 participating libraries.

—*Community Outreach Tax Assistance* provides taxpayers with group income tax return preparation assistance and tax information seminars. These seminars are presented by IRS employees and volunteers at community locations. Although directed to lower-income and middle-income taxpayers regardless of age, issues affecting the elderly can be addressed at these sessions and frequently are, wherever older Americans are assembled, including senior citizen centers and retirement planning programs.

The Internal Revenue Service issues a large number of taxpayer information materials for dissemination to the media for the public through field offices and national media. These materials which contain specific information for the elderly include IRS publications, taxpayer information materials, drop-in public service advertisements and tax supplements as described below.

—Publication 910, "Guide to Free Tax Service," has been completely revised in 1986. The first half of the publication is devoted to describing the free Taxpayer Information Publications available. They are listed by number and title, and there is a short description of each. In addition, there is a list of subjects and the publications relating to each subject.

—The latter half of Publication 910 provides information regarding assistance available to taxpayers in resolving questions on notices, bills, letters, and the status of refunds of tax accounts. It also describes taxpayer assistance programs such as Tax Counseling for the Elderly, VITA, Community Outreach, etc. A list of toll-free phone numbers, Tele-Tax phone numbers, subjects, and tape numbers, and instructions for using the Automated Refund Information System are included.

The following are publications that older Americans may order:

—Publication 915, "Social Security Benefits and Equivalent Tier I Railroad Retirement Benefits," assists taxpayers in determining the taxability, if any, of benefits received from Social Security and Tier I Railroad Retirement.

—Publication 523, "Tax Information on Selling Your Home," explains that persons 55 years of age or older are allowed a once-in-a lifetime exclusion of up to $125,000 of the gain on the sale of their personal residence.

—Publication 524, "Credit for the Elderly or the Permanently and Totally Disabled," explains that individuals 65 and over are able to take the Credit for the Elderly and the Permanently and Totally Disabled, reducing taxes owed by $750 for single persons and $1,125 for married couples filing a joint return. In addition, individuals under 65 who retire with a permanent and total disability and receive taxable income from a public or private employer because of that disability will be eligible for the credit.

—Publication 554, "Tax Information for Older Americans," indicates that single taxpayers age 65 and over are not required to file a Federal income tax return unless their income for the year was $4,640 or more (as compared to $3,560 or more for single taxpayers under age 65). Married taxpayers who could file a joint return are not required to file unless their joint income for the year was $6,910 or more if one of the spouses is 65 or over, or $7,990 if both spouses are 65 or over. All taxpayers age 65 or over are entitled to an extra personal exemption of $1,080.

—Publication 907, "Tax Information for Handicapped and Disabled Individuals," covers tax issues of particular interest to handicapped and disabled persons and to taxpayers with disabled dependents, many of whom are elderly.

—Publication 567, "U.S. Civil Service Retirement and Disability," and Publication 575, "Pension and Annuity Income," provide information on the tax treatment of retirement income.

All of these publications are available free of charge. They can be obtained from IRS by using the order form found in Publication 910, the tax forms packages or by calling the IRS Tax Forms number listed in the telephone directory. Many libraries, banks and post offices stock the most frequently requested forms, schedules, instructions and publications for taxpayers to come in and pickup. In addition, many libraries stock a reference set of IRS publications and a set of reproducible tax forms.

Taxpayer information materials are continually being developed and distributed to the field for release to local and specialized media as well as release by the National Office to national media. Many of the subjects covered are listed below:

—Once-in-a-lifetime exclusion of gain on the sale of residence;
—Extra exemptions for persons age 65 and over;
—Federal Tax Withholding on pension payments;
—IRS cautions senior citizens about fraudulent tax schemes;
—Reviewing tax status of pensions, and annuities of retirees;
—Special tax advice for senior citizens;
—Retired taxpayers and estimated tax payments;
—Estimated tax penalty waivers;
—Taxability of some Social Security benefits; (Also in Spanish)
—Tax Counseling for the Elderly; (Also in Spanish)
—Taxpayer assistance; (Also in Spanish)
—VITA (also in Spanish);
—Publication 910;
—Availability of free tax help for senior citizens;
—Outreach;
—Older taxpayers' need to file, or not to file, tax returns;
—Revision of Form W-4P, "Withholding Certificate for Pension or Annuity Payments;" and,
—The 1986 Tax Reform Act tax changes affecting older Americans.

The 1987 Tax Supplement is prepared and distributed to newspapers across the country. The Tax Supplement contains camera ready articles and graphics designed for immediate use. Some of the articles contain information specifically geared to older taxpayers. Last year over 900 newspapers printed a Tax Supplement during the filing season which reaches 23 million taxpayers.

Packets containing filing and non-filing season Drop-In Ads are distributed to magazines and newspapers across the country. These Ads are camera ready and advertise the services provided to taxpayers. Some of the Ads contain information directly related to the needs of the elderly. Ads are also produced in Spanish to reach the Hispanic population nationwide.

Last year, 4,573 ads were placed in local and national publications reaching 94 million taxpayers. Some of the magazines in which these ads appeared include *Time*, *Sports Illustrated*, and *Family Circle*. The advertising value of the ads placed totaled $4.8 million.

The IRS uses the electronic and print media and specialized newsletters and organizations serving older Americans to communicate information of interest to the elderly. Important examples of this service are noted here.

—The Elderly Tax Clinic broadcast over 122 TV stations on March 31, 1986, had over 2 million viewers. The broadcast attracted viewers on tax topics of interest to people age 55 and older. The IRS tax assistance lines were staffed during the program so that viewers could call with their tax questions.

—IRS produced radio and television call-in programs were used to inform older taxpayers about possibly having to pay taxes on some Social Security benefits as well as other topics of interest to elderly taxpayers.

—A 30-second television and a 30-second radio public service announcement were produced on Tax Information for Older Americans.

Activities in the area of tax forms development of special interest to older taxpayers include:

—The Form 1040 instructions and IRS Notice 703, which is mailed to Social Security recipients with Form SSA-1099, alert Social Security recipients that they may be able to make a special election that may reduce the amount of their taxable benefits. (This election may be made by taxpayers who receive Social Security benefits in 1986 that were for 1984 or 1985.)

—The Form 1040 instructions inform Social Security recipients that if their repayments exceed their benefits for the year they may be able to deduct part of their excess repayments.

—The instructions for Schedule R (Form 1040), "Credit for the Elderly and the Permanently and Totally Disabled," include information regarding the income levels at which taxpayers may not be able to take the credit. This information is included to make it easier for taxpayers to determine if they qualify for the credit.

OTHER TREASURY ACTIVITIES AFFECTING THE AGED

Other agencies of the Treasury also have an impact on the elderly as part of their specific functions. Developments during 1986 are summarized below:

—The Financial Management Service (FMS) continued the promotion and expansion of the Direct Deposit Program for Federal recurring payments. This program offers convenience and security to individuals, including retirees, who depend on regular Government payments, by permitting the electronic funds transfer of payments into a personal checking or savings account. The Direct Deposit Program was implemented in 1975 and includes Social Security benefits, supplemental security income, civil service retirement, railroad retirement, Veterans Administration compensation and pension payments, military active duty and retirement and Federal salary payments. Since 1977, a nationwide educational campaign has been underway to inform recipients about the advantages of Direct Deposit.

—In May 1986, a special message promoting Older Americans Month and the benefits of Direct Deposit appeared on the front of benefit payment check envelopes (approximately 35 million recipients). The FMS attended and displayed a Direct Deposit Program exhibit at the annual meeting of the National Council of Senior Citizens in July 1986. Regional FMS staff attended and participated in numerous senior citizen awareness meetings and expositions across the country during 1986 representing the Direct Deposit Program.

—The U.S. Savings Bond Division continues to work closely with major labor and national organizations, like the American Association of Retired Persons, American Legion, and many other service, government and civic groups, whose membership includes millions of older Americans—many of whom are Bond holders. The Division provides these organizations with important information on current rates and the tax-deferral and exchange privileges that are particularly beneficial to retired individuals. During fiscal year 1986, the Division frequently updated its toll-free telephone message (1-800-US BONDS) making it easier for older and less mobile citizens to get current information and other assistance

—The Bureau of Public Debt implemented its TREASURY DIRECT Book-entry securities System for Treasury bonds and notes in August 1986. TREASURY DIRECT improves service to investors in Treasury securities, many of whom are older Americans.

—New issues of bonds and notes are now available in book-entry form only, eliminating the risk of loss or theft of engraved securities during delivery to the owners, or while in their possession. Also eliminated is the need to safeguard the securities.

—All interest payments are made through Automated Clearing House procedures, eliminating the chance of late delivery and loss or theft in the mail. Payments are credited to investors' accounts with their banking or thrift institutions on the date the interest is due. Consequently, there is no need to make a special trip to cash or deposit a check, which carries with it the risk of loss or theft of either the check or the cash received.

—At maturity, the principal amount is automatically credited to each investors' account, eliminating the requirement to deliver definitive securities in person or by mail, and the risk and inconvenience involved in that process.

—The automated system allows more timely responses to requests for account information or for securities transactions. Requests may be made in person or by telephone, and may be directed to either the Bureau or to a regional Federal Reserve Bank.

—An information program was developed to inform investors about TREASURY DIRECT and its advantages. The program includes information brochures, onsite exhibits, and audio/visual presentations.

—Action was also taken this year to expedite the handling of claims in connection with semiannual interest checks issued to holders of Series H/HH U.S. Savings Bonds and holders of outstanding issues of Treasury marketable notes and bonds, i.e., issues which predate TREASURY DIRECT. Semiannual interest payments for these securities are now being made by Fiscal Agency Check rather than by Treasury check. Use of Fiscal Agency checks enables the Bureau of the Public Debt and the Federal Reserve Banks, as Treasury's fiscal agents, to expedite recertification and check claims processing, resulting in more timely settlement of investors in Treasury marketable securities, many of whom are elderly and depend on the regular interest income which these securities provide. The improved claims service should be a welcome benefit.

—The Office of Consumer Affairs continues to serve as the liaison between the Department of the Treasury and individual senior citizens and senior citizen organizations, assisting them in determining which office or department can best answer their questions or help to solve their problems. This office arranged for Treasury Under Secretary for Finance, George D. Gould, and two other Treasury officials to brief and to exchange informal dialog with several consumer representatives on the Treasury Department's development of banking legislation. A representative from the American Association of Retired Persons attended this banking briefing.

—During 1986, the Office of the Comptroller of the Currency (OCC) held a meeting in Washington with representatives of various national based bank customer groups (including the American Association of Retired Persons). The purpose of the meeting was to identify and discuss, from a national perspective, key banking issues of concern to national bank customer group representatives and their members. Additionally, active liaison was continued with national based organizations including those representing the aged to share information about banking related issues.

The Comptroller's Office continued to enforce the Equal Credit Opportunity Act and Regulation B as part of its supervisory responsibilities for all national banks. The law and its implementing regulation prohibit a creditor from discriminating against an applicant on a prohibited basis. Prohibited bases includes age, provided that the applicant has the capacity to enter into a binding contract. Enforcement of the law is carried out during examinations of national banks.

—The Treasury also continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. During fiscal year 1986, the Service closed 69,278 Social Security check forgery cases and 10,854 supplemental security income forgery cases. Most of these checks were issued to retirees. Approximately 87 percent of all check cases were cleared, that is, the identity of the forger was discovered.

Finally, the Department of the Treasury makes every attempt to participate in the government-wide effort to end discrimination against particular groups, including the aged, in employment and in the accessibility of public information and facilities:

—The Department of the Treasury continues to identify and modify architectural barriers that prevent or limit the accessibility of Treasury facilities to the elderly.

—The Bureau of Engraving and Printing has incorporated a variety of features helpful to the elderly in its public tour and its new Visitors' Center.

Tour guides are available to provide assistance to visitors who have infirmities or need special attention.

Wheelchairs are available if the need arises.

Ramps and wide entrances are in place to permit easy movement of persons in wheelchairs or walkers.

Restrooms accommodate wheelchairs and similar walking aids.

The new exhibits in the Visitors' Center were designed with people in wheelchairs in mind. All exhibits can be viewed from wheelchairs.

The tour staff, medical and police unit had several simulations during fiscal year 1986 on how to respond to medical emergencies, specifically in the tour gallery. Also, Cardiopulmonary Resuscitation (CPR) training has been provided for the tour supervisor and will be given to all tour guides in fiscal year 1987.

—In the employment area, the Federal Employees' Part-Time Career Employment Act of 1979 continues to serve as an opportunity for the Department to serve the employment needs of older Americans. Several bureaus established part-time positions and actively sought applicants from groups of older citizens, as well as other groups who are especially interested in part-time employment opportunities. As a result of their recruitment efforts, some bureaus were able to exceed their hiring targets for part-time positions by as much as 27 percent during 1986. A large number of these new-hires were older Americans.

Vigorous enforcement of the age discrimination statutes by the Department continued to protect the interest of Older Americans. During the past year, the Office of Equal Opportunity Programs adjudicated a number of complaints that contained age discrimination issues which affected Treasury employees or applicants for employment.

ITEM 14. ACTION

November 28, 1986.

Dear Chairman Heinz: I am pleased to respond to your letter of September 26 requesting the submission of ACTION's fiscal year 1986 annual report on programs and services for the elderly to the Special Committee on Aging.

Sincerely,

Rick Ventura, *Deputy Director*.

Enclosure.

Older American Volunteer Programs

Fiscal year 1986 marked the 15th anniversary of the Retired Senior Volunteer Program (RSVP) and the 21st and 12th years of operation for the Foster Grandparent Program (FGP) and the Senior Companion Program (SCP), respectively. These three programs make up ACTION's Older American Volunteer Programs (OAVP).

OAVP supports approximately 1,125 projects operated by local agencies and organizations throughout the country. The projects generated over 389,000 volunteers nationally. There were approximately 365,000 RSVP volunteers, 19,000 Foster Grandparents, and 5,320 Senior Companions. Volunteers serving with these projects have provided a wide range of services to their communities, services which are highly valued by their local organizations and which are also cost effective.

The Older American Volunteer Programs represent partnership among the Federal Government, State and local governments, and local communities. In fiscal year 1986, the Federal appropriation for the three OAVP programs (FGP, SCP, RSVP) totaled $103,020,000. During calendar year 1985, those funds wee augmented by $47,500,000 from non-ACTION sources: $18.4 million contributed by State governments; $13.4 million by local governments, and $15.7 milion by private sector organizations.

With ACTION pointing the direction and local communities implementing and operating the projects, we look forward to the continued success of these programs.

Retired Senior Volunteer Program

BACKGROUND AND GOALS OF RSVP

The Retired Senior Volunteer Program celebrated its 15th anniversary in 1986 and continues to expand its efforts to match resources to the diverse needs of thousands of American communities by providing increased opportunities for retired persons aged 60 and older to serve their communities on a regular basis in a variety of settings.

RSVP was authorized initially in 1969 under Title VI, Part A of the Older Americans Act, as amended, and transferred to ACTION in 1971. Subsequently, it was authorized under Title II, Part A, Section 201 of the Domestic Volunteer Service Act of 1973 (Public Law 99-113), enacted on October 1, 1973.

For 15 years, RSVP volunteers have responded to a wide variety of community needs. Putting their special skills and years of experience to use, they have performed an endless variety of tasks. ACTION's current RSVP projects emphasize services to youth, literacy, drug abuse, in-home care, consumer education, crime prevention and management assistance to private non-profit and public agencies.

The hundreds of communities that benefit from the presence of RSVP have honored these volunteers in many ways during this 15th anniversary, through special celebrations, ceremonies, award presentations, luncheons and other events.

In fiscal year 1986 with a budget of $29,620,000, there were 750 projects and 365,000 volunteers assigned to 51,000 community agencies nationwide. Conservatively estimated, their 67,300,000 hours of service means a return of more than $7.60 for each $1 of taxpayers' money.

COMMUNITY SUPPORT AND ACCEPTANCE

RSVP projects generated a total of $21,897,400 in non-Action support during calendar year 1985, $12,925,000 from State and local governments, and $8,972,400 from the private sector. Local cash and in-kind support amounted to 41 percent of the total budget.

Numbers and characteristics of RSVP volunteers

	Percent
Distribution by sex:	
Male	23
Female	77
Distribution by age:	
60 to 69	36
70 to 79	47
80 and over	17
Distribution by ethnic groups:	
White	84
Black	11
Hispanic	3.4
Asian	1.2
Indian Alaskan	.4

RSVP volunteers serve in a variety of community stations, including courts, schools, museums, libraries, hospices, hospitals, nursing homes and other service centers. Volunteers serve without compensation, but may be reimbursed for transportation expenses. Accident and liability insurance is provided volunteers while on assignment.

SUCCESSFUL REPRESENTATIVE EXAMPLES OF RSVP PROJECTS

Every community has a variety of particular needs which can best be addressed by volunteers. The growing population of people aged 60 and over is a vast untapped resource for those needs. RSVP is one mechanism for successfully tapping that resource.

The following examples describe some of the services provided by RSVP volunteers.

> In Norwich, CT, RSCP of Northern New London County designed and developed a solar energy conservation project, an ongoing indoor/outdoor gardening program. Community support included space for the greenhouse, grants, donation of materials and technical assistance from area businesses and the City of Norwich. A construction crew of seven senior volunteers in their 70's and 80's completed work on the greenhouse in early 1982. Since then, the greenhouse operation, manned by RSVP volunteers, has thrived.
>
> RSVP of Morris County, NJ, has a unique group called Think Tankers in Action. The group of comprised of retired men and women with a wealth of knowledge and years of experience in commerical, technical, and academic fields. They provide consulting service to other nonprofit organizations. In addition to consultant services, the Think Tankers has begun a new project entitled Career Sharing, to encourage, motivate and guide youth still in school and with their plans and preparation for future careers.
>
> In Louisville, KY, RSVP volunteers are involved in various activities to help alleviate some of the problems and ill effects that may be experienced by the homeless. Eighteen volunteers serve at the innercity soup kitchens helping to provide and serve food; 24 volunteers assist in the distribution of surplus commodities; 76 volunteers assigned to the local Dare to Care Program collect food donations and deliver them to centrally located agencies serving the needy and homeless.

In Cedar Rapids, IA, awareness and prevention of drug abuse is an area where RSVP uses creative skills. In talking to the Program Specialist at Area Substance Abuse Council (ASAC) in the fall the 1985, RSVP and ASAC (of Cedar Rapids, IA) staff wondered if BABES (Beginning Alcohol and Addition Basic Education Studies) puppets, used with children, would be as effective with older adults.

An RSVP volunteer and an ASAC staff person, using a pattern obtained from the Extension Office, designed and sewed five puppets appropriate for senior citizens. The Creative Writing Class development scripts by the older students from their own experiences. RSVP volunteers working together with ASAC are presenting programs on drug awareness and prevention, including a presentation at the Governor's Conference. RSVP will use the "Brown Bag" program with ASAC's presentation. A pharmacist will speak whenever possible to add variation to the programs.

INTERAGENCY AGREEMENTS AND JOINT PROGRAMMING

ACTION is entering the second year of a public/private partnership with B. Dalton Bookseller, Inc., Laubach Literacy Action and the National Association of RSVP Directors. Both Dalton and ACTION have provided funding to Laubach for the purpose of stimulating RSVP involvment in adult literacy. In 1985 Laubach awarded 23 seed grants to RSVP projects—out of nearly 200 projects which applied. During the first 3 months, projects which received the awards had recruited, trained, and placed 375 RSVP volunteers who are providing literacy services for 600 adult learners.

Laubach has also been developing the National RSVP Literacy Network. At this time, 265 RSVP projects are in the Network and are receiving technical assistance and training from Laubach.

During 1986 ACTION also signed a Memorandum of Understanding with the National Commission on Libraries and Information Science. The Memorandum of Understanding encourages cooperation between ACTION and the library system. It focuses on providing older Americans with library services and volunteer opportunties.

FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program (FGP) is authorized under Title II, Part B, of the Domestic Volunteer Service Act of 1973 (Public Law 93-113), as amended. The primary purpose of the program is to provide opportunities to low-income persons aged 60 and over to give supportive person-to-person service to children with special or exceptional needs. The program's budget for fiscal year 1986 was $56.1 million.

In fiscal year 1986, the 21st year of program operations, there were 251 FGP projects in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. In addition, there were 10 projects that were totally supported by State funds in Michigan, New Mexico, and Kentucky. Some 19,000 volunteers served in the program that year, contributing close to 20 million hours assisting children suffering from various forms of disabilities, such as: abuse and neglect, physical and emotional handicaps, drug/alcohol abuse, mental retardation, illiteracy, and juvenile delinquency. These volunteers assist approximately 66,500 children on any given day.

Foster Grandparents serve 4 hours a day, 5 days a week. To enable these low-income volunteers to serve without cost to themselves, the program provides certain direct benefits including a stipend of $2.20 per hour, transportation and meal assistance when needed, insurance protection, and an annual physical examination.

Volunteer services are provided through designated volunteer stations which are public and private nonprofit agencies such as: schools, hospitals, juvenile detention centers, Head Start, shelters for neglected children, State schools for the mentally retarded, and drug abuse rehabilitation centers.

Characteristics of FGP volunteers

	Percent of total
Distribution of sex:	
Male	13
Female	87
Distribution by ethnic groups:	
White	55
Black	32
Hispanic	8
Native American	3
Asian	2

	Percent of total
Distribution of age:	
60 to 69	38
70 to 79	48
80 to 84	10
85 and over	4
Distribution by residence:	
Urban	56
Rural	44

About 9 percent of Foster Grandparent volunteers are handicapped.

JOINT PROGRAMMING

The success of Foster Grandparents has led to various collaborative efforts with other organizations in the social services area. In states such as California and New York, joint programming efforts exist between FGP, SCP, and RSVP.

FGP is continually looking for ways to broaden the scope of volunteer services beyond what can now be supported with appropriated funds. There are now 10 FGP projects in Michigan, New Mexico, and Kentucky that are totally supported with non-ACTION funds. Since 1985, the Head Start component funded through an interagency agreement with the Department of Health and Human Services continue to operate in Georgia, Wisconsin, and California, with permanent funding from ACTION.

In fiscal year 1986, discussions were initiated with the Department of the Army to explore the possibility of expanding Foster Grandparent services to special needs children in co-located army bases in the country. Eventually, we hope to include the other military departments in the implementation of this joint effort. As with previous initiatives of this nature, our objective is to expand volunteer services through the infusion of non-ACTION funding support.

PROGRAM IMPACT

Perhaps the most convincing evidence of the program's value lies in the fact that over 40 States have provided funds to expand Foster Grandparent Program activities within their respective jurisdictions. Their enthusiastic and loyal support, along with private sector contributions, easily doubles the 10 percent local funding required by law in order to receive Federal assistance for a project. Community organizations also have warmly welcomed the program. Having experienced its benefits to their resident children, almost all volunteer stations have requested additional volunteers.

VOLUNTEER SERVICES PROVIDED

Foster Grandparent volunteers offer personalized assistance to the children they serve. Their services are exemplified by those provided by volunteers in the following communities:

> In Atlantic City, NJ, Foster Grandparents are placed in six school systems servicing 23 elementary schools and one special unit for pregnant high school girls. On a one-to-one basis, Foster Grandparents assist children who are emotionally, physically, or mentally handicapped. Foster Grandparents help children in basic skills training through tutoring. At a women's abuse shelter, Foster Grandparents give emotional support to children and help serve as adult role models. Delinquents who are awaiting determination in the criminal justice system are helped with their educational needs.
>
> In Charleston, WV, Foster Grandparents are placed in homes to assist children identified as needing protective services because of neglect or potential for child abuse in the home. Positive role model behavior is provided by Foster Grandparents for the children. In a number of county school systems, Foster Grandparents are assigned to children in special classes. These children have multiple handicaps, including speech and hearing impairments. Foster Grandparents help the children concentrate on their school work, help them avoid frustration by focusing on reading, learning, sight skills, attention to instruction, and assignment completion. A number of the children are assisted in self-help and social development skills.
>
> In Columbus, OH, Foster Grandparents are placed in seven institutions for adjudicated youth. In their one-to-one interaction with the children, Foster Grandparents help in improving the children's emotional, physical, and social well-being. Through a special program, the youth develop security, independ-

> ence, competence, and the desire to achieve. As the youth gain self-confidence with Foster Grandparents assistance, they attain meaningful self-direction, understanding, self-acceptance, personal development, and satisfying relationship with others. Foster Grandparents help youth enrolled in academic programs grades 8–10, special purpose junior and senior high school classes, and in vocational training classes. Foster Grandparents provide a new approach toward improving the quality of programs at the institutions. Through Foster Grandparents, there has been an improvement in the quality and dimension of the Ohio Youth Commission rehabilitation program.
>
> In El Paso, TX, at the Fort Bliss military installation, Foster Grandparents are placed with the Army Community Service Child Care Facility. Foster Grandparents help children, ages 3 to 5, who have been diagnosed as developmentally delayed, mentally retarded, with cerebral palsy, or suffering from emotional instability. The children are encouraged to perform assigned tasks. Foster Grandparents assist them to undertake increased independence through self-help activities, fine and gross motor skills, and verbal and socialization skills. Foster Grandparents are found in a child crisis center, and emergency shelter for abused/neglected children, infants through 5 years. Foster Grandparents give the children security, warmth, and sincere empathy as a positive adult/grandparent figure. At the juvenile detention center for delinquents, ages 13–17, Foster Grandparents give youth a positive adult role model in behavior and outlook, help counsel and guide youth in supervised programs, and assist youth through emotional support. In academics, Foster Grandparents tutor youth in assigned subject matter.
>
> At the county medical center in Fresno, CA, Foster Grandparents are assigned children from the pediatrics ward. The children are burn victims, neglected, abandoned, or abused. Foster Grandparents help sterilize the frightened youth, especially those without caring families. Foster Grandparents' activities are supervised by the nursing staff. In a group home shelter, Foster Grandparents are assigned to children, ages 12–18, who cannot live at home. Foster Grandparents help them adjust to group living arrangements, assist in daily living skills, and academics as needed by the assigned youth.

In scores of mental retardation facilities nationwide, Foster Grandparents daily bring light into the lives of thousands of mentally retarded children. The Grandparents' patience and loving care bring a warmth and understanding into the lives of the children they serve far beyond what is normally available from caring, but often overworked, institution staff. Additional thousands of mentally retarded children experience the benefits of a Foster Grandparent assignment in public schools, group homes, sheltered workshops and other non-residential facilities.

Senior Companion Program

In fiscal year 1986, approximately 5,320 Companions helped 18,600 clients achieve and maintain their ability to live independently. Through 96 ACTION and 22 non-ACTION funded SCP projects in all 50 States, the District of Columbia, and Puerto Rico, volunteers contributed over 5.6 million hours assisting clients who are homebound and at risk of being institutionalized. The program budget for fiscal year 1986 was $17.3 million.

The $3 million SCP Homebound Elderly (H/E) demonstration program completed its first year with approximately 80 percent of the 953 volunteers assigned to 19 new projects and 17 components to existing projects in 25 States. These grants represent funding for the first year of a 3-year H/E demonstration program effort that should eventually serve 3,000 disabled older persons. Nearly all projects report success in the recruitment of Community Volunteer Trainers (CVT's), who provide generic and case management training for Companions.

Senior Companions receive a modest tax-free stipend of $2.20 per hour during the 20-hour per week service schedule. The program coordinates and places volunteers through community health and social service providers and State long-term care networks. The volunteers assist older people who are chronically homebound and at risk of being institutionalized by strengthening their capacity to live independently in the community. They also ease the transition from institutions into the community. Approximately 80 percent of the Companions are assigned to the chronically homebound.

COMMUNITY NON-FEDERAL SUPPORT FROM PUBLIC RESOURCES

Through selected State, county, and local government agencies, non-ACTION funds have generated significant support increases. These public sector resources have risen 45.2 percent from 1983 and now number $5,400,300. This equals approximately 30 percent of the Federal SCP appropriation for fiscal year 1986. Growth patterns in three States are illustrative:

—The State of Michigan upped its fiscal year 1985 appropriation bringing the State's SCP budget to $705,485 in fiscal year 1986. Funds were distributed to projects in Escanaba, Grand Rapids, Lansing, and Traverse City to assist older adults with mental health disabilities maintain their independence in community settings.

—In fiscal year 1986, the Illinois Department of Aging for the first time appropriated $250,000 for SCP.

—The State of California, which appropriated $600,000 for SCP in fiscal year 1985, added $50,000 to the four existing State-funded SCP projects in fiscal year 1986.

PRIVATE SECTOR FUNDING

Working relationships developed with nonprofit institutions accounted for most of the $1.6 million in SCP cash and in-kind support from private and nonprofit organizations and businesses.

For example, non-ACTION funds raised by the Captain Cook Jaycees, Inc. of Anchorage, AK, amounted to $169,782, or 57 percent of the $300,053 budget for the statewide program.

United Home Health Care, a private health care provider, contributed $30,000 to the Cincinnati, OH, SCP. In Soquel, CA, the Santa Cruz Board of Realtors have raised over $15,000 for the Elvirita Lewis Foundation SCP.

Numbers and characteristics of volunteers and how they support program goals

	Percent
Distribution by sex:	
Male	16
Female	84
Distribution by Age:	
60 to 69	47
70 to 79	44
80 to 84	7
84+	2
Distribution by ethnic groups:	
White	61
Black	29
Hispanic	6
Asian	28
Indian/Alaskan	2

Senior Companions serve through a variety of organizations, agencies and institutions designated as volunteer stations. The stations include acute care hospitals, home health mental senior centers, nursing homes, hospices, and community mental health centers. In addition to the $2.20 hourly stipend, Senior Companions receive transportation assistance, meals on days when they volunteer, annual physical examinations, accident and personal liability insurance and special recognition annually.

During fiscal year 1986, Volunteer Service Years (VSY's) were recorded in the four program emphasis areas: service to the terminally ill--355; acute care/discharge planning—760; substance abuse—352; and service to the mentally ill—691.

REPRESENTATIVE SAMPLES OF PROJECT ACTIVITIES

A retired LPN who serves as a Senior Companion in Tampa, FL, helped a family avoid economic hardship by relieving a caregiver who had given up her job to look after her mother-in-law. For 6 months the Companion provided in-home hospice care to the 83-year-old cancer victim. She helped her move from her bed to a wheelchair, prepared light means and provided peer support. By adjusting her 20-hour-per-week service schedule to accommodate the caregiver, the Companion made it possible for the daughter-in-law to resume half-time employment as a special education aid with the area school system.

In rural Rolla, MO, a 70-year-old Companion is assigned to two homebound women who live alone. One suffers from emphysema and an anurism. She relies on her Companion to replenish oxygen supplies, buy groceries, and provide needed emotional support. The other client is a 97-year-old Alzheimer's victim. The Companion helps her with reality orientation exercises and speech pathology training. Without the Companion, both women would be institutionalized.

An 83-year-old Companion from Denver, CO, received the J.C. Penny Golden Rule Award in recognition for 10 years of outstanding service to 100 homebound elderly clients. She is assigned to the Denver Visiting Nurse Association where she provides respite care and assists clients newly discharged to their homes from area hospitals.

In Niagara Falls, NY, A Senior Companion was able to end recurring hospital admissions for a female client with a heart condition who lived alone. Hospital officials acknowledged she had a legitimate medical condition, but the woman was using their acute care facility primarily as a point of human contact where people would listen to her problems. The Companion was able to provide home management assistance and give her needed support and reassurance. There were no more hospital admissions after several months of care by the Companion.

ITEM 15. COMMISSION ON CIVIL RIGHTS

January 13, 1987.

Dear Chairman Melcher: In response to former Chairman Heinz's recent request, the U.S. Commission on Civil Rights is pleased to submit the enclosed description of the agency's activities regarding issues of interest to older persons for inclusion in the Committee's annual report, Development in Aging.

If you have any questions about this report, please contact me at 523-5571.

Sincerely yours,

Susan J. Prado *Acting Staff Director.*

Enclosure.

Fiscal Year 1986 Activities Affecting Older Americans

During fiscal year 1986, the Commission continued to monitor legislative, judicial, and regulatory development concerning Federal enforcement of prohibitions against age discrimination. Staff drafted a study of Federal equal employment enforcement during the Reagan Administration which addresses pertinent age discrimination issues such as pension accrual. The report is scheduled for release early in calendar 1987. The Delaware State Advisory Committee (SAC) to the Commission held a community forum on alleged separate-but-equal treatment of elderly blacks in federally assisted nutrition programs. Based on information gathered through this and other sources, the SAC transmitted a briefing memorandum on the issue to the Commissioners. The Iowa SAC transmitted to the Commissioners a detailed briefing memorandum examining the role of State and local planning agencies vis-a-vis age discrimination in employment and the responsiveness of The Job Partnership Training Act to older workers.

The New Hampshire SAC began collecting data for its report on accessibility to elderly and disabled citizens of polling places statewide. The New England Regional Office provided information on The Voting Accessibility for the Elderly and Disabled Act to the Massachusetts Director of Elections for use in development of State plans to comply with this Federal law.

Planned Fiscal Year 1987 Activities Affecting Older Americans

Two State Advisory Committees in the Western Region, Hawaii and Arizona, plan to convene community forums on issues of age discrimination and attendant problems of the elderly. The California SAC also is exploring issues of age discrimination prior to conducting a fiscal year 1987 project in the area.

ITEM 16. CONSUMER PRODUCT SAFETY COMMISSION

October 30, 1986.

Dear Chairman Heinz: In response to your letter of September 26, 1986, I am transmitting the U.S. Consumer Product Safety Commission's annual report on its activities on behalf of older Americans. In fiscal year 1986, we continued to distribute copies of the CPSC "Home Safety Checklist for Older Consumers" which is used by older people to check their own homes for hazards. In addition, CPSC and the American Association of Retired Persons jointly issued a news release announcing that AARP would distribute the CPSC Home Safety Checklist through their chapters nationwide. This is a particularly significant achievement because AARP is one of the largest membership organizations in the Nation and can help reach many older consumers with useful safety recommendations. CPSC also began work with the American Society for Testing and Materials on a voluntary standard for step stools.

In 1987, CPSC will produce a videotape and slide/tape audiovisual to show older people how to use the Home Safety Checklist in their homes. A cooperative agreement with the National Association of Area Agencies on Aging will help distribute videotapes and checklists to agencies throughout the United States. Finally, CPSC will pursue some of the recommendations from the National Conference on Safety for Older Consumers (held in 1985) concerning voluntary safety standards for certain products. The Commission has designated "Safety for Older Consumers" as a Priority Project in 1987 to assure that sufficient resources are allocated to this important effort.

We are pleased to submit this report for inclusion in the U.S. Senate's Special Committee on Aging report entitled *Developments in Aging*.

Sincerely,

TERRENCE SCANLON, *Chairman*.

Enclosure.

CONSUMER PRODUCT SAFETY COMMISSION REPORT ON ACTIVITIES RELATED TO SAFETY FOR OLDER CONSUMERS

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulation to ensure safer consumer products. The Act establishes the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses, and deaths. An amendment to the CPSA requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a consumer product safety) rule."

Our activities, including injury-data collection, research studies, standards development, and information and education programs, are not directed solely to programs for the benefit of our older Americans. However, improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission. While none of the laws administered by CPSC apply solely to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various home structures, including bathtubs, showers, floors, stairs, unvented gas space heaters, and upholstered furniture. Moreover, the Commission has an active interest in the safety of older consumers and is giving priority attention to this important task.

INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries is the National Electronic Injury Surveillance System (NEISS). The NEISS is a statistically selected set of hospital emergency rooms located throughout the country which report to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. The Commission estimates that 625,000 persons 65 years of age or older were treated for product-related injuries in hospital emergency rooms in the United States and the U.S. Territories in calendar year 1985. The elderly were hospitalized for these injuries at a much higher rate (19 percent) than the population as a whole (4 percent). Injuries associated with stairs, steps, floors, or flooring materials were suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are those most commonly found in and around the home, including chairs, beds, doors, ladders, bathtub and shower structures, knives, rugs, and carpets.

RECOGNITION OF SPECIAL POPULATION GROUPS

The Commission recognizes that many products used by the total population of consumers may present special problems for the elderly. The elderly, therefore, comprise a group which the Commission focuses on, as a matter of policy, in carrying out its mission to reduce the unreasonable risk of injury from consumer products.

The Commission has formally recognized the unique needs of the elderly and special population groups in selecting project priorities. The "vulnerability of the population at risk" is one of seven factors which the Commission weighs in determining priority projects.

THE "SAFETY FOR OLDER CONSUMERS" PROJECT

The Commission designated the Safety for Older Consumers project for priority attention in fiscal years 1984, 1985, and 1987. This effort focuses on safety in and around the home.

During 1986, CPSC published the "Proceedings and Recommendations from the National Conference on Safety for Older Consumers." In addition, the Commission updated and reprinted the "Home Safety Checklist." A significant agreement was reached with the American Association of Retired Persons (AARP) to distribute the CPSC checklist through the AARP network. CPSC and AARP jointly issued a news release which stated, in part:

> "In cooperation with CPSC, AARP's Consumer Affairs Department is beginning a Home Safety drive to make senior citizens more aware of how and where these accidents can occur. Many of the home accidents and associated costs can be prevented if the tell-tale signs of an unsafe home are recognized and corrected. A free home safety kit is being offered which can be used for a thorough home safety check."

The Commission also began work on a voluntary standard for step stools which had been recommended by the National Conference on Safety for Older Consumers.

In 1987, the Commission will continue to focus priority attention on "Safety for Older Consumers" by following-up several of the recommendations from the National Conference on Safety for Older Consumers. For example, CPSC will develop a product safety guide for designers and manufacturers to use in designing products that take into account the diminished abilities of the elderly. The Commission will produce a videotape and slide/tape audiovisual to show older consumers how to use the CPSC checklist in their own homes. Through a cooperative agreement with the National Association of Area Agencies on Aging, the Commission will distribute the Home Safety Checklist and the forthcoming videotape and slide/tape program to Area Agencies on Aging.

In future years, CPSC will continue to update and reprint the Home Safety Checklist for Older Consumers. As new safety devices are developed and additional insights gained from studies of accidents among older people, we will provide this safety information to the public.

OTHER PROJECTS FOR OLDER CONSUMERS

Residential wiring (fixed wiring, circuit breakers, light fixtures, receptacles, etc.) is believed to be responsible for 47,100 residential fires of electrical origin each year, causing 350 civilians deaths, an estimated 1,400 civilian injuries, and nearly $425 million in property loss. Many of these fires occur in older homes owned by elderly persons whose electrical systems are old and deteriorated. The Commission is studying the potential fire hazards associated with deteriorated electrical systems and made "Electrocution Hazards" and "Portable Electric Heaters" priority projects in 1986.

One of the Commission's ongoing information programs is "Smoke Detectors." The fire death rate among elderly people is higher than that for any other age group; smoke detectors can help prevent many of those fire deaths. The Commission's goal is to increase the number of homes with properly installed and maintained smoke detectors to provide early warning of fire. During the past few years, millions of copies of CPSC publications have been printed and distributed by fire departments and other organizations to promote smoke detectors. The American Association of Retired Persons developed a large-type safety alert on smoke detectors and distributed copies through the AARP national network. The major objective of this smoke detector program continues to be getting smoke detectors into the home of older people and the general population.

CPSC's toll-free Hotline makes it easy for older people to order copies of the Home Safety checklist and other safety publications. The Commission's Hotline number is 800-638-CPSC.

ITEM 17. ENVIRONMENTAL PROTECTION AGENCY

JANUARY 6, 1987.

DEAR MR. CHAIRMAN: This is in response to your request of September 26, 1986. Enclosed is a report on activities at the Environmental Protection Agency on behalf of older workers.

Sincerely,

LEE M. THOMAS.

Enclosure.

1986 DEVELOPMENTS IN AGING ACTIVITIES REPORT—ENVIRONMENTAL PROTECTION AGENCY

The Senior Environmental Employment (SEE) Corps became a permanently established program within the Environmental Protection Agency (EPA) with the passage of and the signing of public law 98-313, the Environmental Programs Assistance Act of 1984, by the President on June 12, 1984.

The SEE Corps was created in concert with State environmental agencies and the financial aid of the Administration on Aging, Department of Health and Human Services. The Corps has provided meaningful part-time employment to several hundred older Americans in jobs relating to the prevention, abatement, and control of environmental pollution. The jobs include surveying toxic chemicals used in industrial areas, educating the public on area-wide water quality planning, establishing, and enforcing noise abatement control programs, establishing and managing Agency environmental libraries, presenting educational programs on the use of pesticides and the hazards of poisoning to farm workers, and working on surveys of environmental carcinogens. EPA is utilizing SEE Corps participants at all levels of government and benefiting from their experiences and knowledge in the prevention, abatement, and control of environmental pollution.

For example, our Office of Toxic Substances has found older workers, with their vast experience in dealing with people, do an excellent job relating to top managers in schools, school boards and State offices of public instruction on the possible hazards of asbestos materials in public buildings and monitoring for compliance to the regulations. Our Office of Quality Assurance, within the Office of Research and Development, has found that using older workers in crisis situations (Three-Mile Island and Love Canal) lessen the problems of creating a special workforce to meet such circumstances; older workers can be recruited on short notice to assist in work to be done in similar crises.

In addition, our former Office of Noise Abatement and Control developed a cadre of senior citizens to combat noise pollution. Some were volunteers and are still serving as noise counselors in 50 or more communities throughout the country. Other older workers, who are paid by Department of Labor Title V funds, are serving as noise representatives, giving technical assistance to States and communities or assisting with noise surveys and public education. Yet another SEE Corps program deals with solid and hazardous waste disposal methods. The senior citizens work with Federal, State, and local governments, and civil organizations to establish proper disposal procedures for the waste.

A nucleus of senior citizens whom we can call upon from time to time has been recruited and trained to do surveys to generate pesticide usage data. This allows EPA to establish statistically valid information which will permit States to monitor the kinds and amounts of pesticides being applied and aggregate State data on pesticides.

The ever-increasing numbers of foreign cars being imported into this country which require a certification assuring that they meet U.S. safety and emission standards has increased the workload of the Manufacturers Operations Division dealing with imported cars. EPA looked to the SEE workers to develop training materials to train other senior citizens to do the work. These same SEE workers are also training EPA employees and stay-in-school students to help in the Import Car program.

EPA has supported other environmental activities funded by Title V including older worker programs in Florida, Alabama, California, Iowa, Illinios, New Jersey, and Washington. In addition, through the SEE program, the Agency helped to support poison-alert programs at the local level, and the monitoring of landfills to measure the gases seeping from underground to surface.

The Agency is now participating with the National Institute of Environmenal Health Sciences in funding a National Academy of Sciences' study of environmental toxicity and the aging process. The objectives are: to define current understanding of: (a) aging populations and processes, (b) age-related changes in biochemistry that affect the body's ability to detoxify chemicals, (c) the effects of chemicals on the aging process, chronic disease states, and on geriatric health, and (d) potential chemical interactions between drugs and environmental pollutants. The results of this study are due in the spring of 1987.

Further, the interagency Task Force on Environmental Cancer, Heart and Lung Disease sponsored a workshop on environmental toxicity and aging in October 1985. The proceedings are being published for sale and will be available by February 1987.

With new legislation and new regulations being written, the need for and ways senior citizens can be used is never ending, and EPA is very committed to the Senior Environmental Employment (SEE) Corps, utilizing the wealth and experience possessed by older workers. We believe that the SEE Corps provides excellent opportunities for older citizens to participate in the beneifts of the program, while improving environmental quality for everyone.

ITEM 18. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DECEMBER 3, 1986.

DEAR CHAIRMAN HEINZ: Enclosed is the Equal Employment Opportunity Commission's report on lawsuits filed during fiscal year 1986 under the Age Discrimination in Employment Act.

We hope this information is helpful to you. Please let us know if we can be of further assistance.

Sincerely,

PHYLLIS BERRY, *Director.*

Enclosure.

AGE DISCRIMINATION IN EMPLOYMENT ACT LAWSUITS FILED DURING FISCAL YEAR 1986

During fiscal year 1986 (October 1, 1985–September 30, 1986), the U.S. Equal Employment Opportunity Commission filed 118 lawsuits under the Age Discrimination in Employment Act of 1967 (ADEA), an increase of more than 20 percent over the 96 suits filed in fiscal year 1985. This is the largest number of substantive ADEA lawsuits filed by the Federal Government in any 1-year period since the ADEA was enacted.

Labor Department:	
Fiscal year:	
1968–1973	136
1974	46
1975	48
1976	30
1977	47
1978	86
1979	38
EEOC:	
Fiscal year:	
1980	47
1981	89
1982	28
1983	33
1984	67
1985	96
1986	118

The following is a brief summary of complaint allegations in the 118 substantive ADEA lawsuits filed by the Commission in fiscal year 1986.

County of Orange (ADEA-class)—C.D. Cal., No. 85-6463-CBM, filed Oct. 2, 1985, Los Angeles DO. Challenge to State law barring newly hired public-safety employees over age 35 from participating in a "Safety Member" pension plan.

Massachusetts Department of Mental Health (ADEA-class)—D. Mass., No. 85-3701-S, filed Oct. 2, 1985, New York DO. Challenge to State law requiring employees working at hospitals for mental illness to retire upon attaining age 65.

Massachusetts Capitol Police (ADEA-class)—D. Mass., No. 85-3702-S, filed Oct. 2, 1985, New York DO. Challenge to State law requiring certain police officers to retire upon attaining age 65.

Waterfront Commission of New York Harbor (ADEA-class)—S.D. N.Y., No. 85-CIV-7732-KTD, filed Oct. 2, 1985, New York DO. Make-whole relief sought for persons aggrieved by a former policy of denying "pier guard" licenses to applicants age 50 or older.

Cleveland Range Co. (ADEA-individual)—N.D. Ohio, No. C85-2968, filed Oct. 4, 1985, Cleveland DO. Employee harassed, suspended, and ultimately fired, because of her age (64) and because she had earlier filed an ADEA charge.

Industrial Parts Depot, Inc. (ADEA-class)—S.D. Ohio, No. C1-85-1634, filed Oct. 4, 1985, Cleveland DO. Four older employees (ages 52-62) laid off due to alleged lack of work, but soon replaced by four much younger persons (ages 22-26).

General Refractories Co. (ADEA-individual)—C.D. Cal., No. 85-6841-CBM, filed Oct. 18, 1985, Los Angeles DO. Two "Senior Research Engineers," both age 62, terminated due to an alleged cutback shortly before a 26-year-old "Research Engineer" was hired to do the same work.

Terrell Machine Co. (ADEA-class)—W.D. N.C., No. C-C-85-591-M, filed Oct. 18, 1985, Charlotte DO. Statistical and anecdotal evidence showing that machinists age 50 and older were selected for layoff is disproportionate numbers.

City of Atlanta (ADEA-class)—N.D. Ga., No. C85-4245A, filed Oct. 21, 1985, Atlanta DO. Challenge to policies of refusing to consider persons over age 35 for employment as police officers or firefighters, and requiring all such employees to retire at age 65.

Lance, Inc. (ADEA-individual)—N.D. Ohio, No. C85-3192, filed Oct. 23, 1985, Cleveland DO. Refusal to hire fully qualified applicant, age 60, as an outside sales representative for overt age discriminatory reasons.

Ardac, Inc. (ADEA-retaliation-individual)—N.D. Ohio No. C85-3195, filed Oct. 23, 1985, Cleveland DO. Employee fired in retaliation for having filed an earlier ADEA charge concerning the denial of a promotion.

North Carolina Dept. of Crime Control and Public Safety (ADEA-class)—E.D. N.C., No. 85-1471-CIV-5, filed Oct. 30, 1985, Charlotte DO. Continuing refusal to hire persons age 35 or older for employment as "Alcohol Law Enforcement Officers," despite supposedly having dropped its hiring age policy.

McGee Women's Hospital (ADEA-individual)—W.D. Pa., No 85-2617, Filed Oct. 31, 1985, Philadelphia DO. Two 61-year-old administrative employees discharged during a reorganization and immediately replaced by a newly hired 32-year-old.

Zonta International (ADEA-individual)—N.D. Ill., No. 85-C-9287, filed Nov. 4, 1985, Chicago DO. Executive Director demoted because she refused to retire at age 65, and then fired because she filed an ADEA charge.

Greyhound Lines, Inc. (ADEA-class)—S.D. Ind., No. IP85-1642C, filed Nov. 7, 1985, Indianapolis DO. Challenge to policy of refusing to consider any applicant age 35 or older for employment as an inter-city bus driver.

Fairview Community Hospital (ADEA/Title VII-retaliation-individual)—D. Minn., No. 4-85-1525, filed Nov. 8, 1985, Milwaukee DO. Pattern of retaliatory acts against a part-time psychiatric technician, culminating in a refusal to call her in for any work, because she had earlier filed an ADEA/Title VII-sex discrimination charge.

Hillsborough County Aviation Authority (ADEA-class)—M.D. Fla., No. 85-1777-CIV-T-17, filed Nov. 12, 1985, Miami DO. Anectodal and statistical evidence showing a policy of not hiring applicants over age 40 as tour guides at the Tampa International Airport.

City of Ontario (ADEA-individual)—C.D. Cal, No. 85-7539-AWT, filed Nov. 18, 1985, Los Angeles DO. Involuntary retirement of a "Police Agent II" at age 60, pursuant to a California statute.

Wellman Thermal Systems Corp. (ADE-settlement-individual)—S.D. Inc., No. IP85-11657C, filed Nov. 20, 1985, Indianapolis DO. Action to enforce the terms of a no-fault Settlement Agreement under the ADEA, where Charging Party never received the promised benefits.

O & G Spring and Wire Form Speciality Co. (ADEA/Title VII-race-class)—N.D. Ill, No. 85-C-9966, filed Nov. 27, 1985, Chicago DO. Anecdotal and statistical evidence showing a pattern-and-practice of not hiring anyone over age 40 or any Blacks for factory worker positions.

Allis-Chalmers Corp. & United Auto Workers, Local 1319 (ADEA-class)—N.D. Ind., No. S85-0694, filed Nov. 29, 1985, Indianapolis DO. Challenge to plant-closing agreement, under which severance pay was given to all laid-off employees, except those eligible to retire.

Bethlehem Mines Corp. (ADEA-class)—S.D. W.Va., No. 2:85-1480, filed Nov. 29, 1985, Philadelphia DO. Statistical and other inferential evidence showing that retirement eligibility was used as a factor in selecting employees for layoff.

C.E. Smith Company (ADEA-individual)—M.D. N.C., No. C-85-1286-G, filed Dec. 2, 1985, Charlottee DO. Failure to recall a laid-off employee, aged 61, in preference to less experienced and less senior employees, aged 37 and 38.

Quadrant Club (ADEA-class)—N.D. Tex., No. CA3-85-2457H, filed Dec. 4, 1984, Houston DO. Injunction sought to restrain and correct age-discriminatory advertising, hiring and recordkeeping practices.

Beznos Management Co. (ADEA/Title VII-race-individual)—E.D. Mich., No. 85-CV-756060DT, filed Dec. 10, 1985, Detroit DO. A 57-year-old Black maintenance worker discharged, because of his age and/or race, by the new supervisor of an apartment complex.

City of Fresno (ADEA-class)—E.D. Cal., No. CV-F-85-707EDP, filed Dec. 18, 1985, San Francisco DO Challenge to policies of refusing to hire applicants older than age 30 as firefighters or police officers, and requiring such employees to retire at age 60.

City of Chicago Police Department (ADEA-class)—. .D. Ill., No. 85-C-10478, filed Dec. 19, 1978, Chicago DO. Challenge to a policy of refusing to permit police officers over age 45 to take certain special training courses which were prerequisites to advancement and/or promotion.

Wometco Broadcasting, Inc. (ADEA/EPA-Title VII-sex-individual)—S.D. Fla., No. 85-2873-CIV-N, filed Dec. 20, 1985, Miami DO. Assistant News Director, aged 64, constructively discharged for age reasons and replaced by a 43-year-old male earning twice her final salary for performing substantially equal work.

Cummins Engine Company (ADEA-class)—S.D. Ind., No. IP85-1811-C, filed Dec. 23, 1985, Indianapolis DO. Challenge to policy of denying severance pay to laid-off employees who refuse to waive their rights to file ADEA charges and to participate in investigations or other proceedings involving ADEA claims.

Contra Costa County Employees Retirement Ass'n, et al. (ADEA-class)—N.D. Cal., No. 85-9370, filed Dec. 26, 1985, San Francisco DO. Public safety employees, who were age 35 or older when hired, denied equal pension benefits without any actuarial or age-related cost justification.

Massachusetts Registry of Motor Vehicles (ADEA-class)—D. Mass., No. 86-0061, filed Jan. 7, 1986, New York DO. Challenge to statute prohibiting consideration of individuals age 35 or older for employment as "examiners."

Board of Governors of State Colleges and Universities (ADEA-indiv.)—N.D. Ill., No. 86-C-0295, filed Jan. 13, 1986, Chicago DO. Challenge to policy of terminating contractual grievance proceedings where an employee, who filed an ADEA charge, "seeks resolution of the same matter in any other forum."

Gaylord's National Corporation (ADEA-individual)—S.D. Miss., No. CV86-0648R, filed Jan. 16, 1986, Chicago DO. Manager, aged 59, discharged for performance deficiencies, while younger managers with similar problems were transfered or demoted.

Sea Coast Appliance Distributors, Inc. (ADEA-individual)—M.D. Fla., No. 86-36-CIV-J-12, filed Jan. 24, 1986, Miami DO. New owner fired a 60-year-old receptionist, with a good work record and long service, replacing her with a newly hired 25-year-old.

City of Gerard (ADEA-class)—N.D. Ohio, No. C86-275Y, filed Feb. 3, 1986, Cleveland DO. Challenge to policy of refusing to consider applicants age 35 or older for appointment as police officers.

Noble Drilling Company (ADEA-individual)—W.D. Okla., No. CIV-86-0271-R, filed Feb. 4, 1986, Dallas DO. Refusal to consider two would-be applicants, ages 46 and 52, for employment as helpers or "roughnecks" at an oil well drilling site.

Tambellini Woods Restaurant, Inc. (ADEA-individual)—W.D. Pa., No. 86-324, filed Feb. 12, 1986, Philadelphia DO. Employee dropped from participation in employer's group health insurance plan when she attained age 65, in violation of ADEA Section 4(g).

Babcock & Wilcox Company (ADEA-class)—E.D. N.C., No. 86-14-CIV-7, filed Feb. 18, 1986, Charlotte DO. Challenge to policy of denying termination allowances to retirement-eligible employees.

McLean Trucking Company (ADEA-class)—W.D. Tenn., No. 86-2143-GB, filed Feb. 20, 1986, Memphis DO. Individual and class claims involving a pattern-and-practice of age discrimination in hiring management trainees.

City of Parkersburg (ADEA-individual-retaliation)—S.D. W.Va., No. A:86-0208, filed Feb. 24, 1986, Philadelphia DO. Charging Party denied employment, after having been selected for the job, because he had filed an ADEA charge against a former employer.

City of Mt. Lebanon (ADEA-class)—W.D. Pa., No. 86-438, Feb. 26, 1986, Philadelphia DO. Challenge to policy of cutting off disability benefits for police officers at age 55 and of denying such benefits to officers disabled after attaining that age.

Minneapolis Police Relief Association (ADEA-individual)—D. Minn., No. 4-86-165, filed March 5, 1986, Milwaukee DO. Action to restrain pension administrator from threatening to irrevocably deprive a police officer of his pension rights if he continues working after age 65.

AMP, Incorporated (ADEA-individual)—W.D. Va., No. 86-0121-R, filed March 6, 1986, Baltimore DO. Refusal to hire a highly skilled applicant for a "mold maker" job, solely because of his age (then 68).

Controls Southeast, Inc. (ADEA-individual)—W.D. N.C., No. C-C-86-0105, filed March 7, 1986, Charlotte DO Sales representative allowed to work only part-time after attaining age 65 and involuntarily retired at age 67, solely because of age.

Western Union Telegraph Co. (ADEA-class)—D. Mass., No. 86-0832-W, filed March 11, 1986, New York DO. Challenge to policy of paying only reduced "termination allowances" to retirement-eligible employees who are permanently laid off.

Bibler Foods, Inc. (ADEA-individual)—N.D. Ind., No. S-86-0167, filed March 17, 1986, Indianapolis DO. Employer refused to consider an experienced waitress applicant age 50, allegedly because there were no openings available, but shortly thereafter offered a job to a 25-year-old applicant.

City and County of San Francisco (ADEA-class)—N.D. Cal. No. C86-1328-EFL, filed March 19, 1986, San Francisco DO. Challenge to policy of refusing to consider applicants age 35 or older for employment as police officers.

Cooper Bearing Company (ADEA-retaliation-individual)—E.D. VA., No. 86-179-N, filed March 19, 1986, Baltimore DO. Sales Manager fired for participating in and withholding information about an ADEA charge filed by a colleague against their employer.

Doctors' Hospital of Hollywood (ADEA-individual)—S.D. Fla., No. 86-6242-CIV-R, filed March 31, 1986, Miami DO. After only a few days on the job, a new food service director (age 41) fired two long-term supervisors (ages 57 and 63) and replaced them with less experienced younger individuals (ages 30 and 38).

Ellenville Central School District (ADEA-individual)—N.D. N.Y., No. 86-354, filed March 31, 1986, New York DO. High school teacher laid off on pretextual grounds, because she refused to "voluntarily elect" retirement at age 65 after 40 years of service).

Hickory Springs Manufacturing Co. (ADEA-class)—M.D. Ga., No. 86-65-ALB-AMER, filed April 10, 1986, Atlanta DO. Pattern of age discrimination in the layoff and recall of manufacturing plant employees.

Reed Tool Co. (ADEA-individual)—S.D. Tex., No. H-86-1522, filed April 11, 1986, Houston DO. Involuntary retirement of sales executive, age 63, for overtly age discriminatory reasons.

Mothercare Stores, Inc. (ADEA-class)—S.D. N.Y., No. 86-Civ-3034 (MGC), filed April 15, 1986, New York DO. Pattern-and-practice of age discrimination in advertising, hiring, promoting and terminating store managers and executive employees.

Monclova Township (ADEA-individual)—N.D. Oh., No. C86-Civ-7270, filed April 15, 1986, Cleveland DO. Road Foreman discharged at age 62 for overtly age discriminatory reasons.

United States Steel Corp. (ADEA-class)—N.D. Ind., No. H86-349, filed April 16, 1986, Indianapolis DO. Challenge to a unilaterally imposed policy of conditioning participation in a collectively bargained early-retirement program on an employee's execution of a non-negotiable form release waiving ADEA rights.

Northwest Airlines, Inc. (ADEA-class)—W.D. Wash., No. C86-488C, filed April 18, 1986, Seattle DO. Challenge to a policy of refusing to consider highly experienced and qualified applicants age 40 or older for employment in even entry-level airline pilot positions.

Georgia Department of Corrections (ADEA-Class)—N.D. Ga., No. C86-920A, filed April 25, 1986, Atlanta DO. Challenge to policy of mandatorily retiring "correctional staff and allied classes" of employees at age 65.

Los Angeles County Sheriff's Department (ADEA-class)—C.D. Cal., No. CV86-2625-LEW, filed April 25, 1986, Los Angeles DO. Challenge to age 60 mandatory retirement policy for law enforcement personnel.

West Virginia Civil Service Commission (ADEA-class)—S.D. W.Va., No. 2:86-0493, filed April 25, 1986, Philadelphia DO. Challenge to statutory policy of refusing to consider applicants over age 40 for the position of "conservation officer."

City of Elkins (ADEA-class)—N.D. W.Va., No. 86-0072E, filed May 2, 1986, Philadelphia DO. Challenge to statutory policy of retiring all police officers at age 65, including a captain.

Dayco Corp. (ADEA-class)—M.D. Fla., No. 86-102-CIV-OC-14, filed May 9, 1986, Miami DO. Older management employees terminated after a new vice president announced his intention to "fire the old farts" and "get some younger people."

Hardman, Inc. (ADEA-individual)—D. N.J., No. 86-1849, filed May 9, 1986, Philadelphia DO. Refusal to hire a 57-year-old applicant as a switchboard operator for overtly age discriminatory reasons.

California Youth Authority (ADEA-individual)—N.D. Cal., No. C-86-2452-WHO, filed May 14, 1986, San Francisco DO. Refusal to promote a 52-year-old "Group Supervisor" into a "Youth Counselor" position for age discriminatory reasons.

Atlantic Community School District (ADEA-individual)—S.D. Ia., No. 86–35–W, filed May 16, 1986, Milwaukee DO. Refusal to consider 40-year-old applicant for a high school English teacher position for overtly age discriminatory reasons.

Elrod, Cook County Sheriff (ADEA-class)—N.D. Ill., No. 86–C–3509, filed May 16, 1986, Chicago DO. Make-whole relief sought for former correctional officers, who were involuntarily retired at age 65 pursuant to a state law which was subsequently repealed.

State of Maine (ADEA-class)—D. Me., No. 8609185P, filed May 16, 1986, New York DO. Challenge to a long-term disability policy, under which employees who become disabled after attaining age 60 are denied the benefits which are given to employees who become disabled at earlier ages.

Town of Vinton (ADEA-individual)—W.D. La., No. 86–1072, filed May 19, 1986, New Orleans DO. Refusal to hire a 58-year-old applicant as a trash collector for overtly age discriminatory reasons.

Lawson Milk Co. (ADEA/Title VII-sex-individual)—N.D. Oh., No. C86–2304A, filed May 27, 1986, Cleveland DO. Refusal to hire a 66-year-old male as a store clerk, because of his age and/or sex.

Pennzoil Products Co. (ADEA-individual)—W.D. Pa., No. 86–1093, filed May 27, 1983, Philadelphia DO. Refusal to transfer, and consequent involuntary retirement, of a 64-year-old executive for age discriminatory reasons.

Washington County, PA (ADEA-individual)—W.D. Pa., No. 86–1122, filed May 29, 1986, Philadelphia DO. A 59-year-old "Superintendent of Garage" laid off, and a 34-year-old hired as "Supervisor of Garage" to perform the same functions.

U.S. Steel Corp. (ADEA-individual)—W.D. Pa., No. 86–1123, filed May 29, 1986, Philadelphia DO. A 53-year-old "area planner" laid off during a reduction-in-force, instead of a less senior and less experienced 37-year-old employee performing the same duties.

Cosmair, Inc. (ADEA-individual)—N.D. Tex., No. CA3–86–1536–R, filed June 6, 1986, Dallas DO. Former employee's health insurance coverage and severance benefits cutoff in retaliation for the filing of an ADEA charge.

J. Ray McDermott & Co. (ADEA-class)—E.D. La., No. 86–2427, filed June 10, 1986, New Orleans DO. Challenge to a policy of denying severance pay to those employees only who are eligible to receive pensions when permanently laid off.

ACF Industries, Inc. & United Auto Workers, Local 819 (ADEA-class)—E.D. Mo., No. 86–1216–C–5, filed June 11, 1986, St. Louis DO. Challenge to a collectively bargained policy of denying severance pay to employees who are eligible to receive pension benefits at the time of a permanent plant closing.

Louisiana State University, School of Dentistry (ADEA-class)—E.D. La., No. 86–2428, filed June 11, 1986, New Orleans DO. Challenge to a policy of mandatorily retiring all security officers at age 65.

Babcock & Wilcox Co. (ADEA-class)—W.D. Mo., No. 86–0762–CV–W–6, filed June 13, 1986, St. Louis DO. Challenge to a policy of denying "termination allowances" to those employees only who are eligible to receive pensions when permanently laid off.

State of Iowa, Department of Transportation (ADEA-class)—S.D. Ia., No. 86–419–B, filed June 23, 1986, Milwaukee DO. Challenge to a statutory policy of mandatorily retiring all motor vehicle inspectors at age 65.

Delta Air Lines, Inc. & Air Line Pilots Ass'n, Int'l (ADEA-class)—N.D. Tex., No. CA3–86–1687–F, filed June 24, 1986, Dallas DO. Challenge to policy of refusing to permit pilots to use their flight crew seniority to bid down into flight engineer positions to avoid mandatory retirement at age 60.

Medical Center Hospital (ADEA-individual)—W.D. TX., No. MO8–CA–129, filed July 15, 1986, Dallas DO. Assistant administrator aged 61 terminated and replaced by a 30-year-old former subordinate.

New York City Human Resources Administration (ADEA-class)—S.D. N.Y., No. 86–CIV–5704(PNL), filed July 23, 1986, New York DO. Make-whole relief sought for persons aggrieved by a former policy of restricting overtime compensation for those employees only who were already eligible for retirement.

Swift Independent Packing Co. (ADEA-individual)—S.D. IA., No. 86–488–B, filed July 23, 1986, Milwaukee DO. Applicant aged 40 refused employment as a general laborer in a slaughterhouse.

Consolidated Freightways Corp. (ADEA-individual)—M.D. FL., No. 86–821–CIV–J–4, filed July 25, 1986, Miami DO. Failure or refusal to hire a 50-year-old part-time truck driver for a full-time position.

Kelley-Clarke, Inc., (ADEA/Title VII-sex-individual)—N.D. CA., No. C–86–4391–WWS, filed July 28, 1986, San Francisco DO. Two oldest female sales representatives (ages 53 and 56) singled out for termination during a reduction-in-force, because of their age and/or sex.

State of Arkansas (ADEA-class)--W.D. AR., No. PB-C-86-400, filed July 29, 1986, New Orleans DO. Challenge to state law prohibiting local governments from hiring any individual over age 45 for employment as a police officer.

Post Tribune Publishing, Inc. (ADEA-individual)—N.D. IN., No. H86-573, filed July 31, 1986, Indianapolis DO. Manager forced to accept "voluntary retirement" for overtly age discriminatory reasons.

Arrow Pneumatics, Inc. (ADEA/Title VII-sex-individual)—N.D. IL., No. 86-C-5709-P, filed Aug. 1, 1986, Milwaukee DO. Woman aged 51 terminated during a workforce reduction, instead of a less senior and less qualified 28-year-old male.

Martin-Marietta Corp. (ADEA-individual)—E.D. LA., No. 86-3463, filed Aug. 8, 1986, New Orleans DO. Refusal to hire industrial engineer, age 50, for overt age discriminatory reasons.

Super Value Stores, Inc. (ADEA-class)—N.D. IL., No. 86-C-5934, filed Aug. 11, 1986, Chicago DO. Anecdotal and statistical evidence indicating a pattern-and-practice of not hiring journeyman meatcutters over age 45 for employment in a newly opened supermarket.

City of Marietta (ADEA-class)—N.D. GA., No. C86-1798A, filed Aug. 15, 1986, Atlanta DO. Challenge to policy of involuntarily retiring all police officers at age 55.

Key Biscayne Hotel Corp. (ADEA-individual)—S.D. FL., No. 86-1784-CIV-A, filed Aug. 18, 1986, Miami DO. Reservations Manager involuntarily retired at age 65 for overtly age discriminatory reasons.

Jackson County, MO (ADEA-individual)—W.D. MO., No. 86-0990-CV-W, filed Aug. 19, 1986, St. Louis DO. Refusal to promote a 60-year-old employee into the position of "Superintendent of Parks and Recreation," for overt discriminatory reasons.

Mayor and Alderman of the City of Savannah (ADEA-class)—S.D. Ga., No. CV4-86-301, filed Aug. 22, 1986, Atlanta DO. Challenge to policy of mandatorily retiring all police officers and firefighters at age 60.

Maryland National Capital Park and Planning Commission; *Pritchard* v. (ADEA-class)—D. MD., No. R86-2692, EEOC intervened Aug. 28, 1986, Baltimore DO. Challenge to a policy of denying disability benefits to employees who attain "normal retirement age" of 55 for police and 62 for all others.

Metropolitan District Commission; *Powers* v. (ADEA-individual)—D. MA., No. 85-4069-Z, EEOC intervened Sept. 4, 1986, New York DO. Challenge to Massachusetts statute requiring that municipal police officers retire at age 65.

Tidewater Agricorp, Inc. (ADEA-individual)—E.D. N.C., No. 86-102-CIV-4, filed Sept. 5, 1986, Charlotte DO. Bookkeeper aged 61 terminated and replaced by a less qualified 30-year-old new hire.

Arkansas State Police Department (ADEA-class)—E.D. AR., No. LR-C-86-530, filed Sept. 10, 1986, Memphis DO. Challenge to a state law establishing a maximum hiring age of 33 for State police officers.

Four Dimensions Temporary Personnel Service, Inc. (ADEA-class)—D. AZ., No. CIV86-1498-PHX-RGS, filed Sept. 12, 1986, Phoenix DO. Pattern-and-practice of not referring persons age 40 and older for employment as product demonstrators and television commercial participants.

The Detroit News (ADEA-individual)—E.D. MI., No. 86-CV-73904DT, filed Sept. 16, 1986, Detroit DO. Employee aged 57 denied promotion to a foreman position in favor of two younger and less qualified individuals.

Associated Grocers of Colorado, Inc. (ADEA-individual)—D. CO., No. 86-A-1922, filed Sept. 17, 1986, Denver DO. Security guard selected for layoff, because of his age (62) and instead of younger and less senior guards.

United Air Lines, Inc. (ADEA-individual)—D. CO., No. 86-A-1924, filed Sept. 18, 1986, Denver CO. Age-based verbal harassment and subsequent termination of a 50-year-old probationary "Ground Equipment Mechanic."

GTE Communications Systems Corp. (ADEA-class)—N.D. IL., No. 86-C-6998, filed Sept. 19, 1986, Chicago DO. Policy of denying short-term and long-term disability benefits to employees age 65 and older.

Arlington County Public Schools (ADEA/Title VII-sex-individual)—E.D. VA., No. 86-1124, filed Sept. 24, 1986, Baltimore DO. Failure or refusal to promote a 46-year-old female employee into the position of "Athletic Director," while selecting a less qualified male age 28.

State of Illinois (ADEA-class)—N.D. IL., 86-C-7214, filed Sept. 24, 1986, Chicago DO. Challenge to a state law establishing a maximum hiring age of 35 for State police officers.

Chicopee Municipal Lighting Authority (ADEA-individual)—D. MA., No. 86-2778, filed Sept. 25, 1986, New York DO. Challenge to a state law requiring certain categories of municipal power plant employees to retire at age 65.

International Brotherhood of Electrical Workers (ADEA-class)—S.D. TX., No. H-86-3732, filed Sept. 25, 1986, Houston DO. Make-whole relief sought for persons aggrieved by a former policy of mandatorily retiring all union officers and representatives at age 65.

Massachusetts Parole Board (ADEA-class)—D. MA., No. 86-2777, filed Sept. 25, 1986, New York DO. Challenge to a State law requiring all parole officers to retire at age 65.

Alfred Dunhill of London, Inc. (ADEA-class)—C.D. CA., No. 86-6294-JSL, filed Sept. 26, 1986, Los Angeles DO. Pattern of terminating older employees during a companywide reorganization of management.

City of Houston (ADEA-individual)—S.D. TX., No. H-86-3749, filed Sept. 26, 1986, Houston DO. Refusal to consider a 58-year-old applicant for a job as "Assistant Contract Compliance Officer" because, as a retired Federal contract compliance manager, he was supposedly "overqualified."

Clyde W. Dent Carpet Installations, Inc. (ADEA-class)—D. MD., No. JH-86-3010, filed Sept. 29, 1986, Baltimore DO. Pattern-and-practice of not hiring applicants age 40 and older as carpet installers.

A.T. & T. Technologies, Inc. (ADEA-class)—D. AZ., No. CIV86-1611-PHX-RGS, filed Sept. 30, 1986, Phoenix DO. Pattern-and-practice of not hiring applicants age 40 and older as machinists.

City of Kenner (ADEA-class)—E.D. La., No. 86-4263, filed Sept. 30, 1986, New Orleans DO. Challenge to policy of refusing to consider applicants over age 35 for employment as police officers.

Coca Cola Bottling Co. (ADEA/Title VII-sex-individual)—W.D. N.C., No. C-C-86-445-P, filed Sept. 30, 1986, Charlotte DO. Two oldest female "quality control technicians" (ages 52 and 56) laid off and replaced by younger men (ages 21 and 27), because of their age and/or sex.

Consolidated Laundries, Inc. (ADEA-class)—D. N.J., No. 86-3848-S, filed Sept. 30, 1986, Philadelphia DO. Anecdotal and statistical evidence indicating a policy of terminating older management employees during a staff reorganization and reduction.

Farmers Insurance Group (ADEA-class)—C.D. CA., No. CV86-6362-FW, filed Sept. 30, 1986, Los Angeles DO. Challenge to policy of excluding employees from a profit sharing plan when they attain age 65.

Jepco Investment Corp. (ADEA-class)—E.D. MO., No. 86-2008-C-2, filed Sept. 30, 1986, St. Louis DO. Pattern-and-practice of not hiring applicants age 40 and older for employment as "sales managers."

Metro-Dade Transit Administration (ADEA-individual)—S.D. FL., No. 86-2080-A, filed Sept. 30, 1986, Miami DO. Layoff and subsequent refusal to rehire a 59-year-old "transit specialist," while retaining and hiring several less qualified younger individuals.

Morgan County Board of Education (ADEA-class)—N.D. AL., No. CV86-HM-5542-NE, filed Sept. 30, 1986, Birmingham DO. Challenge to a policy of requiring school bus drivers to retire at age 65.

Wendell Textiles Corp. (ADEA/Title VII-sex-individual)—W.D. TN., No. 86-2756-MA, filed Sept. 30, 1986, Memphis DO. Newly promoted supervisor paid less than her predecessor in the same position, because of her age (58) and/or her race (black).

ITEM 19. FEDERAL COMMUNICATIONS COMMISSION

DECEMBER 30, 1986.

DEAR CHAIRMAN HEINZ: We are pleased to respond to your letter of September 26, 1986, requesting information on those activities of the Federal Communications Commission during Fiscal Year 1986 that affect the elderly either directly or indirectly.

Although the work of the Commission does not focus exclusively or primarily on the needs of the elderly, certain of its actions can affect this segment of our nation's population. Therefore, the Staff Summary of FCC Activities Affecting the Elderly, highlighting those actions is enclosed for your information. We hope that this information will be useful to you and your staff and can be incorporated into the report of the Special Committee on Aging entitled *Developments in Aging: Part II.*

As you know, during the past several years the Commission has participated in legislative efforts and rulemaking proceedings designed specifically to help the handicapped, which include the deaf and hearing impaired, the blind, and the physically disabled. Since a significant proportion of people aged 65 or older fall into these categories, the telecommunications needs of the handicapped is a matter of interest to the elderly community generally, and thus are of concern to the Commission.

You may be assured that the Federal Communications Commission will continue to be cognizant of these needs of the handicapped and attentive to telecommunications matters which affect the lives of the elderly, as we fulfill our mission to serve all Americans in the public interest.

Sincerely,

MARK S. FOWLER, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL COMMUNICATIONS COMMISSION ACTIVITIES AFFECTING THE ELDERLY

One of the FCC's basic goals has been the protection of universal telephone service while promoting economically efficient use of the telephone network and preventing unjust discrimination among the nation's telephone users. We believe that great progress has been made during Fiscal Year 1986 toward these ends, particularly with regard to guaranteeing universal telephone service at reasonable rates to our nation's elderly.

In the Telecommunications for the Disabled Act of 1982, 47 U.S.C. § 610, (Act), passed January 3, 1983, Congress enacted legislation to ensure that hearing-impaired persons have reasonable access to the telephone network. The Commission adopted rules pursuant to the Act effective January 1, 1984. The Act also permits carriers to provide specialized customer permises equipment (CPE) to disabled persons under tariff or through other means authorized by state commissions. In addition, the Act contemplates, among other things, state enforcement of FCC rules regarding the placement of hearing aid-compatible telephone equipment. While some sectors of the disabled community would prefer that the Act require universal availability of hearing aid-compatible telephones, the FCC and the states have received few complaints about the availability of such equipment since passage of the Act and adoption of the Commission's rules.

In response to concerns expressed by members of the hearing impaired community and the Congress on this matter, the Common Carrier Bureau will institute an inquiry to ascertain the need for additional regulations addressing the problems of the hearing impaired and the disabled in accessing telecommunications services. An informal public meeting with interested parties was held by the FCC staff on the telecommunications needs of the disabled in early December as a first step in instituting this proceeding.

In June 1986, the local telephone subscriber line charge was raised to $2 per month as provided in the Commission's 1985 decision. (The subscriber line charge covers a portion of the cost of connecting subscribers to the telephone network. Previously, these costs were recovered exclusively through interstate toll rates in a manner which artificially raised toll rates, depressed use of the interstate toll network and threatened to cause high volume toll users to bypass the public switched network.) The FCC has taken several steps, based on the recommendations of an advisory group of federal and state regulators, to assist low income telephone subscribers and those on fixed incomes, including the elderly, who may have difficulty affording increased flat rate charges for telephone service. These measures include high cost assistance designed to keep local exchange rates lower than they otherwise would be in high cost areas, many of which are rural in character. This assistance, as currently formulated, will amount to over $400 million when fully implemented based on recent cost information. The Commission has also implemented a federal lifeline program to reduce telephone charges for low income subscribers. Under this program, local telephone companies are able to waive the subscriber line charge for low income subscribers qualifying under specified state assistance programs when the state makes an equal monetary contribution to reduce local exchange rates for these customers. Based on the current $2 subscriber line charge, this amounts to a total of $4 per month in assistance for qualifying subscribers.

Both the high cost and the lifeline assistance are funded through usage-based charges paid by the long distance telephone companies. To date, nine states and the District of Columbia have implemented lifeline plans which qualify for matching federal assistance. Most of the Bell telephone companies also offer budget rate measured service with a very low flat monthly charge for basic service with additional usage-based charges.

As a result of the Commission's subscriber line charge program, interstate toll rates have dropped approximately 22% since May of 1984. As a result of subsequent Commission actions, AT&T recently filed a further reduction in rates averaging approximately 6% to be effective January 1, 1987. Thus, today it is much easier for older Americans to afford to keep in touch with their families and loved ones across the country.

In addition, the Commission's Industry Analysis Division continues to monitor telephone penetration rates for the elderly as well as other segments of the population. Census Bureau data collected at the request of the FCC shows that telephone subscribership has increased or remained stable since divestiture, even in the case of the unemployed and those with extremely low income levels. In fact, the Census Bureau data for July 1986 (the most recent information currently available) shows that 92.2% of American households have telephone service in their homes compared to 91.4% in November 1983, just prior to divestiture. The elderly in all income brackets have telephone subscribership levels that are significantly higher than those for households headed by younger people. The July 1986 census data indicated that 95.3% of households headed by a person between 60 and 64 years of age had a telephone at home compared to a 92.2% subscribership level for all households. Based on the July 1986 census data, 95.7% of households headed by someone between the ages of 65 and 69 subscribed to telephone service, while households headed by someone from 70 to 99 years of age had a subscribership rate of 95.8%. Subscribership levels for these groups have remained stable since divestiture.

ITEM 20. FEDERAL TRADE COMMISSION

DECEMBER 17, 1986.

DEAR MR. CHAIRMAN: In response to your letter of September 26, 1986, I am pleased to forward the annual staff summary of Federal Trade Commission activities affecting older Americans for the year 1986. As this summary indicates, many of the Commission's efforts to police the market for unfair or deceptive practices and to promote a competitive market are particularly significant for older consumers.

I hope this information will be helpful to the Committee. Please let me know if we can provide any further assistance.

By direction of the Commission,

DANIEL OLIVER, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL TRADE COMMISSION ACTIVITIES AFFECTING OLDER AMERICANS

This report discusses recent activities of the Federal Trade Commission on behalf of older Americans. The first section of this report describes the Commission's health-related activities, which are of particular importance to older Americans because persons over age 65 spend almost three times as much per capita on health care as do other adults. The second section addresses a variety of non-health related issues that have a disparate impact on older Americans. These include enforcement of the Commission's Funeral Rule and restrictions on pre-need sales of funerals, investigations into the delivery of legal services, issues surrounding credit and investment frauds, and activities in the real estate, securities and taxicab industries. The final section describes the Commission's consumer education activities that are of special significance to older consumers.

HEALTH-RELATED ACTIVITIES

Home Health Care

Home health care agencies, which offer skilled nursing and other health services to patients in their homes, can provide some elderly persons with an important alternative to hospitalization or nursing home care. Home health services offer the possibility of reduced health care expenses, and can enable some people who would otherwise require institutional care to remain at home.

In 1986 the Commission released the results of a study conducted by its Bureau of Economics on the effects of state certificate-of-need ("CON") regulations on the provision of home health care services. CON regulations limit the entry of new providers of health care services. The study found that CON regulations do not contribute to more efficient operation of home health care firms. The study did find, however, some evidence that those regulations are associated with higher costs, and consequently higher prices, for home health services. Thus, the study report recommends elimination of CON regulations as they apply to the home health care market.

Hospital Services

The elderly make greater use of health care facilities, including hospitals, than other segments of the population. Thus, as a group, they stand to benefit more from effective competition among health care providers. The Commission's Bureau of Economics is conducting a study of the extent and form of competition among hospitals in order to assist in the development of an effective antitrust policy toward hospital markets generally and hospital mergers in particular. The study is nearing completion.

Nursing Homes

Currently about 23,000 nursing homes provide care to approximately 1.4 million older residents in the United States. For some time, the Commission has been investigating marketing practices in the nursing home industry. The Commission staff has completed a consumer study as well as an industry survey designed to collect systematic evidence regarding the existence and incidence of unfair or deceptive practices and their potential for injury to prospective and actual nursing home residents. The results of these studies will provide information the Commission needs to determine whether Commission action is necessary in this area. Publication of the consumer survey results is expected early next year.

Prescription Drugs

Although persons aged 65 and over comprise only about 12 percent of the population, they consume over 30 percent of the prescription drugs nationwide. Consequently, savings on prescription drug purchases are especially significant for older consumers.

In 1979 the Commission's staff completed an examination of state laws that prevent pharmacists from substituting lower cost generic drugs for brand name pharmaceuticals, and concluded that modification of these state laws could result in significant consumer benefits with no compromise in the quality of the drugs that consumers receive. The Commission's staff, in conjunction with the Food and Drug Administration, proposed a model statute allowing pharmacists to substitute generic drugs for brand-name drugs. Several states have adopted the model law, in whole or in part. The staff continues to provide assistance to states contemplating legislation on this issue.

In 1986 the Commission released a study conducted by its Bureau of Economics designed to determine if consumers in states that have adopted the model law have received the benefits the law was designed to provide. The study found a modest, but increasing, rate of substitution for brand name prescription drugs (5.1 percent in 1980, 9.5 percent estimated for 1984) with substantial savings for consumers ($44 to 80 million estimated in 1980, projected to three times that amount in 1984).

Also in 1986 Commission's staff has been investigating state pharmacy board regulations that prohibit mail-order sales of prescription drugs and that limit pharmacists' marketing of their services to the elderly. The availability of mail-order prescription drugs is of particular concern to those elderly who may be infirm or in need of so-called "Maintenance drugs" on a regular basis.

Vision Care

Over 90 percent of persons aged 65 and over wear corrective lenses. The Commission has two programs designed to facilitate price competition among providers of vision care. The first, the "Eyeglasses Rule," gives consumers the legal right to obtain a copy of their prescription after having their eyes examined, thereby enabling them to comparison shop for eyeglasses.

The second program, known as "Eyeglasses II," involves an ongoing Commission rulemaking proceeding that is examining the effects on consumers of state and local restrictions on opticians' and optometrists' forms of commercial practice. For example, the proceeding is examining whether there are harmful effects that flow from restrictions on the practice of optometry, including regulation that prevents optometrists from practicing under a trade name, working for a lay corporation, locating their practice in a commercial setting, and operating branch offices. Rulemaking hearings have been completed and the Presiding Officer and Commission staff have prepared reports summarizing the evidence and making findings and recommendations to the Commission. These published reports will be subject to public comment until February 13, 1987. After the comment period, the staff will make a final recommendation to the commission which will then vote on whether to issue the rule.

In addition, the Commission obtained a consent order in 1986 that prohibits the American Academy of Optometry, a private association of optometrists, from among other things, prohibiting its members from locating their offices in commercial sites such as retail stores. The order enables older Americans to enjoy the potential benefits and convenience of commercially-located optometric practices.

Finally, the Commission's staff this year filed formal comments with the state boards of optometry in Hawaii, Mississippi and Virginia urging the removal of statutory or board rule restraints on several forms of optometric practice, including bans on optometrists' ability to use trade names, affiliate with lay entities, operate branch offices and locate their offices in commercial settings, and restraints on the operation of prepaid optometric plans.

Dental Care

The Commission's staff is continuing its examination of the effects on consumers of certain restrictions (similar to those described in the discussion of "Eyeglasses II") on the practice of dentistry. The results of a study of dental practice should be available early next year.

In June 1986 the Supreme Court upheld a Commission decision that the Indiana Federation of Dentists' (IFD) rule forbidding members to submit x-rays to dental insurers in connection with claims forms constituted an unreasonable restraint of trade. The Commission's order prohibits the IFD and its members from engaging in collective activities intended to limit competition among dentists by deterring their cooperation with dental insurers' cost-containment programs. The order helps reduce the dental care costs of older Americans by facilitating competition and third-party payer cost-containment programs.

Also in 1986 the Commission's staff filed formal comments with the Virginia Board of Dentistry urging the board's support for removal of statutory bans on dentists' use of trade names and affiliations with non-dentists. The comments also included staff's objections to statutory restrictions on the formation and operation of prepaid dental plans. The staff argued that these restrictions may reduce competition in the market for dental services and tend to raise prices above the level that would otherwise prevail, without providing any countervailing public benefits.

Physician Services

The Commission last year issued an administrative complaint against anesthesiologists in the Rochester, New York, area, charging that the anesthesiologists had restrained competition and conspired to increase the fees paid to them for providing anesthesia services. The case has been withdrawn from litigation for consideration of a proposed consent order.

Podiatry Services

In February 1986 the Commission issued a consent order prohibiting a hospital owner-operator and the hospital's medical staff from imposing unreasonable restrictions on qualified podiatrists practicing at the hospital. Under the order, Health Care Management Corp. and its medical staff may not prevent a podiatrist already on the hospital's medical staff and qualified podiatrists who apply for hospital privileges from performing surgery at the hospital. In August 1986 the Commission issued a consent order prohibiting the North Carolina Orthopaedic Association from imposing unreasonable restrictions on podiatrists seeking access to hospital facilities or surgical privileges and from inducing hospitals or medical staffs to deny such privileges to qualified podiatrists. These orders prevent physician activities that would limit older Americans' ability to select the services of licensed medical practitioners of their choice who provide podiatry services in competition with physicians' services.

Restraints on Advertising by Health Care Professionals

Advertising by professionals in general, and by health care providers in particular, has grown tremendously since the mid-1970's. The Commission supports the rights of professionals to advertise truthfully. However, the Commission also recognizes the importance of policing the marketplace to ensure that health professionals do not engage in deceptive or misleading advertising practices.

The Commission's staff works closely with professional health care organizations to help them develop ethical codes that protect against deceptive advertising without infringing on the rights of professionals to advertise truthfully. In December 1985, for example, the Commission published the proceedings of a Commission-sponsored national symposium on "Advertising by Health Care Professionals in the 80's." The symposium featured experts in most facets of professional advertising and was attended by more than 100 representatives of health care groups. The program expanded the Commission's dialogue with these groups, and provided information needed by the Commission for an effective professional advertising enforcement program.

The Commission also continued its cooperative efforts with professional groups regarding deceptive advertising in the ophthalmic field. The Commission's staff, in conjunction with the American Academy of Ophthalmology and other professional ophthalmic groups, completed a study of consumer's understanding of various terms used in optometric advertising. The study results will provide the Commission with additional information needed for an effective enforcement program.

Additionally, the Commission's staff has filed comments with regulatory bodies in several states over the last several years urging removal of various state regulations that restrict the ability of health care professionals to advertise nondeceptively. In 1986, such comments involved dentists in Montana, Ohio and Virginia, and optometrists in Hawaii, Mississippi and Virginia. Also this year the Commission's staff filed an *amicus curiae* brief in a federal circuit court of appeals case involving restraints on nondeceptive dental advertising.

In addition, the Commission's staff this year completed or initiated new investigations of state professional board regulations that may unnecessarily restrict nondeceptive advertising by dentists and optometrists. These efforts led to the voluntary elimination in three states of many regulations that had increased consumer search costs and that may have increased prices for dental and optometric services in those jurisdictions.

The Commission also took formal enforcement action in several cases. For example, in 1986 the Commission obtained a consent order prohibiting the American Academy of Optometry from unreasonably restricting its members' truthful advertising. The Academy had required that ads emphasize professional services and avoid direct solicitation of patients. The order permits older Americans to enjoy the benefits of price and service competition in the optometric health care market, but does not prohibit the Academy from adopting reasonable ethical guidelines to protect the public from false or deceptive advertising.

Moreover, in June 1986 an administrative law judge upheld Commission charges that the Massachusetts Board of Registration in Optometry, the licensing authority for optometrists in Massachusetts, illegally restrained trade by prohibiting optometrists from truthfully advertising discounts from their usual fees and disseminating advertisements that the state board deemed "sensational" or that contained testimonials, and by prohibiting optical and other commercial establishments from advertising the names of affiliated optometrists or the availability of their services. The administrative law judge's order prohibits the board from imposing restrictions on an optometrist's truthful advertising and offering of discounts, but does not affect the board's authority to prohibit false or deceptive advertising. The ruling has been appealed to the Commission.

Food, Drug, and Health Care Advertising

i. Health Fraud

Elderly Americans spend considerably more per capita on health care than do other adults. An important part of the Commission's effort to protect the public from deceptive food, drug, and health care claims is its advertising monitoring program. In addition, the Commission's ongoing contacts with other federal and state officials have helped identify potential targets and projects. The Commission also obtains tips and project ideas from private groups such as the American Association of Retired Persons (AARP).

The Commission has a long history of combatting health care fraud. Last year the Commission, in conjunction with the FDA and the U.S. Postal Service, initiated a more coordinated approach to these problems. As part of this effort the FTC, FDA and U.S. Postal Service in 1985 published a pamphlet entitled "Quackery" to alert consumers to health fraud and its dangers. The FTC has recently published another pamphlet, "Health Claims: Separating Fact from Fiction," which describes common techniques used to promote fraudulent products.

ii. Food and Food Supplement Advertising

In addition to health fraud generally, the Commission polices false and deceptive claims in food advertising. A U.S. Department of Agriculture study showed that persons over 65 spend about twenty-two percent of pre-tax income on food, compared to seventeen percent for persons under 65. This increases to as much as forty percent for those with smaller incomes. The Commission's staff conducts extensive monitoring to determine current issues in food advertising and to identify new ad campaigns of significance to consumers. For example, the staff's monitoring indicates that nutritional and other composition claims—e.g., low-sodium, low-sugar, low-calorie, high-fiber, low-caffeine—continue to be popular in food ads. Moreover, research conducted by the Roper Organization confirms that low-sodium and low-sugar claims are important to consumers.

In 1986 an administrative law judge ruled in an initial decision that General Nutrition Inc.'s advertisements claiming that its dietary supplement, "Healthy Greens," reduced the chances of contracting cancer were false. The administrative law judge entered an order prohibiting false and unsubstantiated advertising claims for any product marketed for its ability to prevent or reduce the risk of disease in humans. General Nutrition, Inc. has filed an appeal with the Commission.

In addition to pursuing such prevention claims, the Commission staff examines performance and therapeutic claims for health care products. For example, in October 1986 the Commission approved a consent order prohibiting Viobin Corporation and its parent company from making claims that its wheat germ oil products improve vigor, stamina, and endurance.

The Commission also finalized an order that prohibits Roy Brog, Chairman of Meadow Fresh Farm Inc., from making unsubstantiated claims concerning the shelf-life of the company's dry milk substitute and its ability to reduce cardiovascular disease. Brog allegedly had claimed without substantiation that Meadow Fresh had a shelf-life of up to 10 years and that it would reduce the incidence of cardiovascular disease because it contained less xanthine oxidase, a milk enzyme, than whole milk.

iii. Drug Advertising

The Commission is pursuing fraudulent or deceptive performance, pain relief, and safety claims in the drug advertising area. Such claims are likely to be important to older consumers because of the higher incidence of health problems among this population.

Some Commission investigations involve claims about arthritis—a condition affecting millions of older Americans. The Commission, for example, challenged a marketer's deceptive arthritis relief claims. This year the U.S. Court of Appeals for the D.C. Circuit upheld the Commission's order prohibiting Tompson Medical Company from advertising that its product, Aspercreme, is an effective arthritis remedy unless it has two scientific tests to support that claim. In November 1984 the Commission issued an order against Thompson with respect to its advertising for Aspercreme, a topical rub that the company advertised as effective for the relief of arthritis pain. The Commission found that Thompson lacked substantiation for its arthritis effectiveness claim and that the company had falsely represented—by use of the brand name Aspercreme and other advertising statements—that the product contained aspirin. The order requires Thompson to disclose clearly in its advertising and labeling that Aspercreme does not contain aspirin. The Supreme Court has declined to review the case.

The Commission also obtained a permanent injunction that halts Intra-Medic Formulations Inc. and its three wholly-owned subsidiaries from misrepresenting their baldness-cure products. Furthermore, the Commission is involved in ongoing litigation against Phillipe LaFrance U.S.A. Ltd. regarding claims for its "sex nutrient pills," among other products. The Commission charged that the company deceptively claimed that the pills improved the sexual performance of otherwise healthy men low in the "sex nutrient." This advertising is targeted primarily towards older persons.

iv. Health Services

In addition to pursuing deceptive claims for products, the Commission challenges deceptive claims for health services. Last year, for example, the Commission obtained a federal district court order that permanently enjoined the sellers of a hair analysis service from making representations to consumers regarding the use of hair analysis to diagnose health conditions or identify an individual's mineral excesses and deficiencies. That litigation has caused the cessation of most consumer-directed marketing of hair analysis. In 1986 the Commission's staff opened additional non-public investigations of firms offering similar health care services purporting to offer valuable therapeutic and diagnostic services.

NON-HEALTH-RELATED ACTIVITIES

Funeral Services

Throughout 1986 the Commission's staff continued to work closely with consumer and business groups to educate their members about the Commission's Funeral Rule, which became effective in 1984. Additionally, the staff initiated investigations of funeral homes that have allegedly violated the Rule. These investigations, where appropriate, may lead to formal Commission action to enforce the Rule.

The Commission's staff also filed comments with state legislatures in Kansas, Michigan, Illinois, and Alabama in the course of the last year concerning proposed legislation governing the funeral industry. The legislation proposed in Kansas and Michigan would have required that a specified percentage of funds paid on pre-need contracts for funeral services be placed in trust. The staff pointed out that the trust requirement, although intended to prevent fraud, may have unintended anticompetitive consequences that can injure consumers. For example, the trust requirement can prevent sellers from recovering sales and administrative expenses until an undetermined date in the future and thus discourage pre-need sales of funeral services.

The bill proposed in Illinois would have prohibited persons who were not licensed funeral directors from owning funeral homes. The staff cautioned that this provision would not permit the economies of scale that could be realized by common ownership of funeral homes and cemeteries, or by corporate ownership. The Illinois bill also would have imposed restrictions on pre-need solicitation of funeral services. The staff commented that this provision would prevent effective communication of truthful information to consumers. The proposed Illinois legislation was not enacted.

The Commission's staff also filed comments with the Illinois Department of Regulation and Education concerning proposed administrative regulation of the funeral industry. The proposed rules would have prohibited telephone solicitation and all solicitation by people who are not funeral directors. The staff pointed out that these proposals would unnecessarily restrict the dissemination of truthful information to consumers. The staff also commented that an existing rule prohibiting uninvited solicitation at a residence or health care institution appeared overly restrictive. Finally, the staff stated that other existing rules requiring that advertising must be "dignified" and contain "relevant" information are vague and subjective and should likewise be eliminated.

The funeral bill proposed in Alabama would have permitted only licensed funeral homes to sell funeral goods and services. The staff's comments cautioned that the legislation may prevent more efficient and lower cost providers from entering the market. The proposed bill was not passed.

In addition to providing comments on legislative proposals and regulatory action, the staff is investigating state funeral board regulations that may restrict pre-need sales of funeral services.

Delivery of Legal Services

In 1986 the Commission's staff continued its efforts to facilitate consumers' access to legal services. Removing unnecessary restrictions may particularly benefit older Americans, whose income often exceeds limits established by government-sponsored assistance programs but may be insufficient to cover high legal fees.

In December 1984 the Commission released a staff report entitled "Improving Consumer Access to Legal Services: The Case for Removing Restrictions on Truthful Advertising." The report details the findings of a nationwide study of the effects on legal fees of state-imposed restrictions on truthful, nondeceptive lawyer advertising and other marketing practices, such as the use of trade names. The staff's findings indicate that restrictions on truthful, nondeceptive lawyer advertising may limit consumers' access to and increase the prices they must pay for legal services, including services for wills and trusts. Prices for these services may be of particular importance to the elderly. The report includes a Model Code that would remove unnecessary restrictions on Lawyers' marketing practices and protect the public from misleading or overreaching communications. The Model Code offers states a pro-competitive model to use when considering changes in current state regulations governing lawyers' marketing practices. In addition, the staff is investigating possible restrictions by a state bar association on lawyers' marketing of their services to the elderly.

Credit

The Commission protects older consumers by enforcing the age discrimination provisions of the Equal Credit Opportunity Act (ECOA). Although federal law permits creditors to consider information related to age, creditors may not deny, reduce or withdraw credit solely because an otherwise qualified applicant is over a certain age. Moreover, retirement income must be included in rating a credit application, and credit may not be denied or withdrawn because credit-related insurance is not available to persons of a certain age.

The Commission's litigation efforts in 1986 resulted in a significant federal court ruling on the meaning of age discrimination under the ECOA. In *United States v. Landmark Financial Services*, which the Commission's staff litigated, a federal district court in Maryland held that reliance on age alone to deny credit is prohibited by the ECOA. The court invalidated Landmark's policy of indiscriminately using the applicant's age to accelerate loan repayment terms for all applicants over the age of 65. The court found that this practice exceeded the ECOA's permissible limits in considering the relationship of an applicant's age to relevant elements of creditworthiness, such as the length of time until retirement and the amount of post-retirement income. Landmark's policy was flawed, the court determined, because it assigned no importance to any other individual attributes of the elderly loan applicants. This ruling is important in clarifying the extent to which creditors may consider the age of an elderly applicant together with other measures of an individual's creditworthiness.

Also in 1986 the Commission referred two cases involving age discrimination to the Department of Justice for further investigation and prosecution. The subjects of the investigation had acquired federal deposit insurance and thus were no longer within the Commission's jurisdiction. Using evidence prepared by the Commission's staff, the Department of Justice obtained consent agreements with both creditors, Firestone Thrift Company and Capitol Thrift and Loan Association. The consent agreements ban discrimination against individuals because of their age or retirement income. Following the referral of these cases to Justice, the Commission initiated a new investigation to determine whether creditors are complying with the ECOA's ban against age discrimination.

Investment Frauds

The Commission's investment fraud program is another example of a program that benefits all consumers, but especially older, retired citizens. Investment frauds, conducted by what are often termed "WATS-Line hustlers," frequently victimize the public through false promises of large returns on "safe" investments. These frauds obviously harm all investors, but they can particularly hurt older investors who are vulnerable to fraudulent operators and often ill-prepared to absorb the losses. Some investment fraud firms have bilked individual consumers of $5,000 to $10,000 or more by promising large returns for investments in gemstones, precious metals, rare coins, oil and gas leases, or cellular telephone licenses. These firms usually employ telephone "boiler room" sales persons who use high-pressure, polished sales pitches.

Although fraud cases, especially those involving oral misrepresentations, are very difficult to investigate, the Commission has an active program to combat investment fraud. Since 1982 the Commission has succeeded in placing approximately 100 named defendants under preliminary or permanent federal district court orders barring fraudulent and deceptive practices. The Commission also has obtained court orders freezing personal and corporate assets that may be used for consumer redress. In one case, for example, the Commission obtained an order freezing $10 million in assets. The staff estimates that since 1982 the Commission's actions have halted frauds that could have cost consumers $415 million if allowed to continue. To date the Commission's efforts have secured $25 million for consumer redress.

Older consumers are also attractive targets for deceptive franchise promotions. For example, the advantages of business opportunity ventures—supplemental income, control over working conditions (i.e., being your own "boss"), and a need for few additional skills—may appeal to many older consumers. However, the investment may involve a significant amount of money for those involved. Older consumers may suffer more than younger ones from losing their investment, which may have been set aside as a retirement "nest egg," because they cannot easily recoup it through future earnings.

The Commission has challenged franchisors' claims regarding earning potential, rights to exclusive territories, or product quality for diverse franchise sales programs involving, for example, auto parts, energy management microprocessors, and snack foods. Relying on the alleged misrepresentations, individual franchisees invested between $3,000 and $24,000 in these franchises.

Real Estate "Loan" Transactions

The Commission is involved in several different facets of real estate services that are of particular concern to older Americans. For example, during the past few years foreclosure actions by lenders have increased, resulting in the establishment of new businesses that can generally be described as "foreclosure help companies." These firms advertise that they can help homeowners in financial difficulty. In 1986 the Commission continued to litigate its federal district court injunction case against one such company—R.A. Walker and Associates, Inc. The Commission alleged that the company orally represented that the transactions entered into were "loans," when in fact the transactions were "sales." Older consumers were particularly affected by the alleged misrepresentations. The terms of a Commission-obtained preliminary injunction ensure that homeowners can remain in their homes while the case is pending.

The Commission's staff also investigated other serious problems facing many consumers who used their homes as security for loans to pay medical bills or other personal debts. In 1986 the staff continued federal district court litigation initiated last year against Nationwide Mortgage Corporation, Community Mortgage Corporation and ten individuals. The complaint alleges that the defendants induced borrowers, including many elderly consumers, to take one-year loans secured by their homes by falsely promising that the loans would be refinanced into long-term financing at the end of the year. When the defendants did not provide the promised long-term financing, several borrowers lost their homes in foreclosure. The complaint also alleges that although many of the loans were for personal debts, the defendant companies induced the borrowers to sign statements that the loans were for business purposes in order to avoid compliance with the Truth in Lending Act and other consumer protection statutes. All twelve defendants are under court order to refrain from the practices pending trial.

Taxicab Regulation

The elderly are disproportionately heavy users of taxicabs. The Commission's staff in 1986 continued its efforts to encourage state and local governments to end regulation of rates charged by taxicabs and to remove limits on the entry of new providers of taxi services. These regulations unnecessarily limit competition and tend to raise prices in the taxicab industry.

CONSUMER EDUCATION ACTIVITIES AFFECTING OLDER AMERICANS

The Commission, through its office of Consumer and Business Education, is involved in preparing and disseminating numerous publications, public service announcements, and fact sheets of significant interest to older consumers. Some recent consumer education activities are described below.

Complaint Resolution and Shopping at Home

The Commission in 1986 continued its cooperative efforts with the American Association of Retired Persons (AARP) in distributing *How to Write a Wrong*, a booklet jointly developed by the Commission and AARP that explains how to complain effectively about consumer problems and get results. The booklet also contains information about two types of merchandising frequently aimed at older citizens: door-to-door sales and mail order promotions. This booklet is a component of a training program developed by AARP for use in its 5,000 local offices around the country. The FTC and AARP have distributed more than 375,000 copies of the publication since it was first published in 1983.

Also in 1986 the Commission distributed 55,000 copies of the brochure "Holiday Shopping: by Phone or Mail" to organizations such as AARP and other requesters. The brochure discusses the protections provided consumers under the Commission's mail order rule, precautions consumers can take when shopping by phone or mail, and appropriate contacts to pursue in order to solve problems.

Currently the Commission is planning a broadcast campaign to alert consumers about telemarketing investment frauds. The videotape, which will be distributed via satellite to more than 400 television and cable stations, will be released early next year. The campaign should particularly benefit the elderly, who view television more than other groups do and who often are home to receive phone calls from salesmen selling fraudulent investment schemes.

Credit

Over the last two years the Commission released two credit brochures, "Solving Credit Problems" and "Credit and Charge Card Fraud," that contain credit information particularly important to the elderly. "Solving Credit Problems" explains the importance, especially for divorced women and widows, of how to build a credit history, what to do to improve a bad credit history, and how to deal with debts. This brochure, printed in English and Spanish, was distributed to organizations on aging and to 65,000 individual requesters. "Credit and Charge Card Fraud," published and distributed in cooperation with American Express, explains how to avoid credit card fraud, and what to do if credit cards are lost or stolen, and what to do about suspected fraud or billing problems. This brochure also was distributed to organizations on aging and to 210,000 individual requesters.

Funerals

In 1986 the Commission continued its print education campaign explaining key elements of the funeral rule. In response to individual requests, the staff and the Consumer Information Center (CIC) in Pueblo, Colorado have sent out more than 168,000 copies of the consumer brochure explaining the rule. Last year the staff distributed television public service announcements on the funeral rule to 500 stations.

Health

Over the last two years the Commission and AARP distributed to requesters over 218,000 copies of their joint publication, "Healthy Questions." This booklet explains how to select and use the services of health care professionals, including doctors, dentists, pharmacists, and vision care specialists. Also in cooperation with AARP, the Commission is preparing to promote the booklet late in 1986 through a video news release that will be sent via satellite to more than 400 television and cable stations.

Last year the Commission jointly sponsored a national health fraud conference and consumer publication, "Quackery," with the Food and Drug Administration (FDA) and the U.S. Postal Service. As a follow-up to these efforts, the FTC in 1986 participated in 23 health fraud conferences around the country, primarily in conjunction with FDA. The Commission also produced a consumer fact sheet, "Health Claims: Separating Fact from Fiction," on specific aspects of health fraud, and distributed 20,000 copies to organizations on aging and others.

Additionally, the Commission is working with the National Association of Speech and Hearing Action to develop a consumer booklet on hearing aids. The publication is targeted for release next year.

Housing

In cooperation with AARP, the Commission developed a publication entitled "Your Home, Your Choice: A Workbook for Older Persons and Their Families." The publication addresses independent and assisted living options for older persons, including home health care, nursing homes, and life-care facilities. Such information is important for older Americans because more than 90 percent of persons over age 65 live in some form of "independent" housing. The booklet was distributed to 110,000 requesters by AARP and the Commission. In addition, AARP uses the workbook as a component in one of its training programs.

The Commission also released a consumer booklet, "How to Buy a Mobile Home," in cooperation with the Manfactured Housing Institute (MHI). The booklet discusses warranties and other consumer protections and explains the importance of home placement, site preparation, transportation, and installation. MHI released the publication in January 1986 at its 50th annual National Housing Show in Louisville, KY. It made 115,000 booklets available to manufacturers, who distributed them to retail sales centers for point of sale availability to consumers. MHI also provided copies of the booklet free to the Consumder Information Center (CIC) for distribution. Some 21,000 copies of the booklet have been requested. In a survey conducted by CIC of the booklet's readers, 45% of the respondents were 55 years of age or older.

Non-Health Related Professional Services

As a companion piece to "Healthy Questions," the Commission, in cooperation with AARP, developed a consumer publication called "Money Matters," which explains how to select and use the professional services of lawyers, accountants, financial planners, real estate brokers, and tax preparers. The booklet, released in 1986, was distributed to 108,000 requesters by AARP, CIC, and the FTC.

Real Estate

The Commission this year published and distributed a brochure called "Real Estate Brokers" to help familiarize consumers with ways to protect their interests when buying or selling a home. The brochure explained technical terms that are used in the industry and elaborated on matters relating to real estate contracts. Over 30,000 copies of the brochure were distributed this year to organizations on the aging and others.

CONCLUSION

In this report we have reviewed Commission programs that are of special significance to the elderly. We emphasize, however, that the elderly also benefit very substantially from the Commission's general enforcement activities. In all of its work the Commission is guided by the conviction that vigorous and honest competition is the best mechanism for satisfying consumer needs at the lowest possible cost. Competitive markets are particularly important to elderly persons, who may be less mobile and limited in their ability to comparison shop. Commission efforts to halt consumer deception and eliminate anticompetitive conduct are designed to keep markets free and fair, and thereby benefit the welfare of all consumers.

ITEM 21. GENERAL ACCOUNTING OFFICE

DECEMBER 15, 1986.

DEAR MR. CHAIRMAN: On September 26, 1986, you requested that we submit a report on our fiscal year 1986 activities regarding older Americans. This report responds to your request.

Appendixes I and II list GAO's fiscal year 1986 completed products and work in process that relate to issues affecting the elderly. Appendix I classifies products by type—35 reports, 11 briefing reports (BR), and 5 fact sheets (FS). The reports may include conclusions and recommendations; the fact sheets contain facts and limited analyses only. Appendix II lists 55 assignments in process as of September 30, 1986.

As discussed in appendix III, at the end of fiscal year 1986, 48.8 percent of our work force was age 40 and older. Our employment policies prohibit age discrimination, and we continue to provide individual retirement counseling and preretirement seminars.

As arranged with your office, we are sending copies of this report to interested congressional committees and subcommittees. Copies will also be make available to other interested parties upon request.

Sincerely yours,

RICHARD L. FOGEL,
Assistant Comptroller General.

Enclosures.

APPENDIX I—*GAO Reports Relating to Issues Affecting the Elderly Issued From October 1, 1985, Through September 30, 1986*

Federal Benefit Programs: A Profile (GAO/HRD-86-14, Oct. 17, 1985)

This report profiles 150 federal benefit programs that provide cash or noncash assistance to persons who qualify for benefits as a result of either (1) contributions made by them or on their behalf or (2) military service. These programs spent more than 400 billion in federal tax dollars in fiscal year 1983, excluding administrative costs, or about 49 percent of the U.S. budget.

The document identifies the 150 programs; for 91 of them, it (1) provides financial and other related data; (2) describes their purposes, who is eligible for them, and the benefits available; and (3) identifies the federal agencies that administer them and the congressional committees that oversee them.

Arizona Medicaid: Nondisclosure of Ownership Information by Health Plans (GAO/HRD-86-10, Nov. 22, 1985)

This report responds to a congressional request for information on compliance with federal requirements for disclosure of ownership information by prepaid health plans participating in Arizona's Health Care Cost Containment System. The Arizona System is a Medicaid demonstration projedct approved by the Health Care Financing Administration to develop and test innovations designed to constrain health care costs.

GAO found that many health plans participating in the Arizona System have not complied with federal disclosure requirements intended to determine the appropriateness of ownership and control arrangements and related-party transactions.

Medicaid Requirements: Health Insuring Organizations (GAO/HRD-86-42FS, Nov. 27, 1985)

GAO reviewed the regulations and guidelines applicable to state Medicaid contracts with health insuring organizations (HIOs). HIOs are paid a negotiated, fixed amount per beneficiary per month to underwrite the cost of providing Medicaid benefits. HIOs then negotiate contracts with community providers to provide Medicaid services.

This fact sheet provides information on the Department of Health and Human Services' or its Health Care Financing Administration's promulgation of regulations or written guidelines that specify

—the method a state Medicaid agency must use for procuring an HIO contract, the minimum qualifications that an HIO must possess, and the disclosure requirements to which HIOs are subject;

—the financial and utilization reporting requirements to which HIOs are subject;

—methods that HIOs must employ to ensure that Medicaid beneficiaries have access to quality care; and

—the amount of payments that an HIO may retain for its own financial benefit.

Treasury's Management of Social Security Trust Funds During the Debt Ceiling Crises (GAO/HRD-86-45, Dec. 5, 1985)

This report cites GAO's opinion on the legality and propriety of the Secretary of the Treasury's management of the Social Security Trust Funds (Federal Old Age and Survivors' Insurance Trust Fund and the Federal Disability Insurance Trust Fund) during the government's October 1984 and September-November 1985 public debt ceiling crises. The report also includes information on the Department of the Treasury's actions regarding the Trust Funds and the effects of those actions on the Funds' long-term investments.

Disability Programs: SSA Consultative Medical Examination Process Improved; Some Problems Remain (GAO/HRD-86-23, Dec. 10, 1985)

In fiscal year 1986, the Social Security Administration (SSA) will spend about $203 million on medical examinations of claimants seeking benefits under the Social Security Disability Insurance and Supplemental Security Income programs. These "consultative examinations" are purchased from private medical sources when sufficient evidence of medical impairment is unavailable from the physicians who treated the claimants.

This report (1) evalautes how SSA manages the consultative examination process to ensure the quality and reliability of examinations and reports, (2) evaluates SSA's controls to assure the necessity and appropriateness of consultative examination purchases, and (3) identifies and reports on the operations of major volume providers nationwide.

GAO concluded that despite progress in improving the process, SSA still lacks reasonable assurance that good quality medical examinations and reports are obtained and the purchase of unnecessary examinations is prevented.

Redemption of Railroad Retirement Account Investments (GAO/HRD-86-53, Dec. 13, 1985)

This report includes the result of GAO's investigation of Treasury's unilateral sale of securities from the Railroad Retirement Account. Specifically it

—analyzes the legality of Treasury's sale of securities without Railroad Retirement Board approval and of the sale of securities in an amount in excess of what was required to make benefit payments,

—determines the amount of interest lost by the Railroad Retirement Account as a result of this action, and

—determines how Treasury's action would be characterized under fiduciary standards generally applicable to pension plan managers.

Medicare: Documenting Teaching Physician Services Still a Problem (GAO/HRD-86-36, Jan. 21, 1986)

In accordance with the Deficit Reduction Act of 1984 (Public Law 98-369), GAO reviewed the amounts billed for teaching physician services and paid by Medicare carriers to determine whether such payments had been made only where the physicians had satisfied the requirements of the Social Security Act.

GAO focused on the requirement that teaching physicians must provide a personal and identifiable service to Medicare patients and found that about half of the services reviewed were not adequately documented to show this. GAO's report discusses this and other issues, such as the adequacy of Medicare documentation criteria and monitoring for compliance with Medicare requirements.

Social Security: Quality of Services Generally Rated High by Clients Sampled (GAO/HRD-86-8, Jan. 30, 1986)

SSA touches the lives of millions of Americans. For example, in 1984, SSA paid some $181 billion to more than 40 million beneficiaries and recipients of its two largest programs—Old Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI).

Although there is widespread interest in these programs and how well they serve their clients, little data are available on satisfaction with service. GAO surveyed the attitudes of a random sample of OASDI and SSI clients nationwide, asking them to rate certain SSA services, including such specific aspects as employee courtesy, privacy of interviews, clarity of program explanations, and waiting times. Overall, most respondents gave SSA high marks, rating the service as good to very good and better than service from other government agencies.

Retirement Benefits: Discrepancies in Benefits Paid by the Railroad Retirement Board for SSA (GAO/HRD-86-3, Feb. 5, 1986)

This report focuses on the Railroad Retirement Board (RRB) and the SSA Computer Systems Audit intended to verify the accuracy of payments RRB made on behalf of SSA to individuals entitled to both railroad retirement and social security benefits. The Computer Systems Audit has identified 190,000 payment discrepancies involving apparent differences between what SSA said should have been paid and what RRB paid. Most of the discrepancies have not been reconciled.

Recent SSA data indicate that about 10 to 15 percent of reviewed and reconciled cases contain payment errors. The average over- and underpayment ranged from $70 by one SSA estimate to $835 according to another. Officials at each agency blame their counterparts at the other agency for the limited action in resolving the discrepancies. Consequently, thousands of social security and railroad retirement beneficiaries continue to be over- or underpaid for years, while available information identifying these inaccuracies is unused.

This report provides GAO's assessment of (1) the agencies' progress in reconciling discrepant cases and (2) the effect of discrepancies on beneficiaries.

Pension Plans: 1980 Multiemployer Pension Amendments: Overview of Effects and Issues (GAO/HRD-86-4, Feb. 13, 1986)

The Multiemployer Pension Plan Amendments Act of 1980 made major changes in the way the federal government insures and regulates private pension plans covering employees of more than one employer. GAO, in a series of seven reports, provided information on the act's initial effects. To provide a framework for deliberating future proposals affecting the multiemployer pension plan system, this report consolidates the information contained in the prior reports and highlights important evolving issues that GAO believes could put the insurance program in jeopardy.

Federal Compensation: Effects of Proposed Retirement Changes on a Typical Federal Retiree (GAO/GGD-86-51FS, Feb. 27, 1986)

This fact sheet provides information on the effect of the fiscal year 1987 budget proposals recommending changes to civil service retirement benefits. The fact sheet shows the overall effect of the three proposed benefit reductions: (1) high-three to high-five, (2) 2-percent per year pre-age 62 reduction, and (3) cost-of-living adjustment limitation.

Railroad Retirement: Size, Nature, and Funding Sources (GAO/HRD-86-73FS, Mar. 5, 1986)

Since 1937, a number of laws have helped shape what is now referred to as the railroad retirement program. Over the years, the program has changed from one almost entirely funded by the rail industry to one that received almost half of its annual revenue from federal sources. During this time, the program had evolved from an industry-funded plan for retired workers to one containing both social security and private pension elements.

This fact sheet provides information on the federal financial involvement in the railroad retirement and unemployment and sickness insurance programs with highlights of the following issues:

- —The railroad retirement program's annual revenues that are provided by the federal government.
- —Dual benefits to retirees entitled to both railroad retirement and social security.
- —Tax treatment of retirement benefits from the private pension component of railroad retirement and the taxation of normal private pension plan benefits.
- —Rail private pension benefits that are taxed at the same rate as social security benefits rather than at the higher rate of other private pensions.
- —Additional federal financial involvement that could be required in the future.
- —The unfunded liability of the railroad retirement trust fund.

Medicare: Past Overuse of Intensive Care Services Inflates Hospital Payments (GAO/HRD-86-25, Mar. 7, 1986)

Reimbursement rates for hospital care under Medicare's prospective payment system (PPS) were intended to reflect the costs of efficiently providing appropriate and necessary medical services. In this report, GAO shows that the data on which these rates were based included the cost of avoidable intensive care services provided to Medicare beneficiaries and that, since implementation of PPS, hospitals have begun to change their intensive care unit practices.

Social Security: Past Projections and Future Financing Concerns (GAO/HRD-86-22, Mar. 11, 1986)

This report reviews past and current projections for the Social Security system and the economic and demographic assumptions that underlie the projections. The report responds to a request for information concerning the projections and their implications for budget planning.

The first part of the report reviews past projections and assumptions for the Old-Age and Survivors Insurance trust fund. The second part reviews recent projections since the passage of the 1983 Amendments to the Social Security Act and the current projections and assumptions contained in the *1985 Annual Report of the Board of Trustees* for the Old-Age and Survivors Insurance and Disability Insurance trust funds. The budgetary and economic implications of the current projections are also discussed.

Social Security: Pension Data Useful for Detecting Supplemental Security Payment Errors (GAO/HRD-86-32, Mar. 12, 1986)

This report includes GAO's evaluation of SSA's computerized employment pension income data base for its potential usefulness in detecting payment errors in the SSA program. Under title XVI of the Social Security Act, pension income must be reported by SSI recipients and, above a certain allowable limit, reduces the amount of their monthly SSI payment. GAO matched the pension file with a random sample of SSI case records. GAO found overpayment errors—due to unreported or underreported pension income—in about 18 percent of the sample SSI cases receiving pension income.

Social Security: Actions and Plans to Reduce Agency Staff (GAO/HRD-86-76BR, Mar. 17, 1986)

This briefing report represents the results of GAO's review of SSA's plans and actions to reduce its employment by 17,006 full-time equivalent positions from fiscal year 1985 through 1990. GAO examined (1) where staff reductions occurred, (2) the basis for reductions, (3) the effect on service to the public, and (4) SSA's plans for future reductions.

District's Workforce: Annual Report Required by District of Columbia Retirement Reform Act (GAO/GGD-86-59, Mar. 26, 1986)

In accordance with the District of Columbia Retirement Reform Act, GAO commented on the actuary's report on the disability retirement rate of District of Columbia police officers and fire fighters. The act provides for annual federal payments to the District of Columbia Police Officers and Fire Fighters' Retirement Fund. These payments, however, are to be reduced when the disability retirement rate exceeds an established limit. The purpose of making the payments subject to a reduction was to encourage the District government to control disability retirement costs.

GAO reviewed the actuary's report and concluded that no reduction was required in the fiscal year 1987 federal payment to the District's police and fire fighter retirement fund. The District of Columbia Retirement Board engaged an actuary to (1) determine the 1985 disability retirement rate for District police officers and fire fighters hired before February 15, 1980; (2) determine if that rate exceeded eight-tenths of one percentage point; and (3) prepare the annual report required by the act.

Social Security: Issues Relating to Agency Field Offices (GAO/HRD-86-71BR, Mar. 31, 1986)

GAO examined a number of issues dealing principally with SSA's field office structure. In early 1985 there was widespread speculation that many of SSA's more than 1,300 offices might be closed.

This briefing report provides details on (1) the evolution of SSA's field office structure; (2) the existing structure, including its accessibility to SSA clients and the distribution of offices among the states; (3) the effect of prior office closings and changes in size and type of office on SSA administrative costs and service to the public; and (4) the results of SSA's ongoing review of its field offices.

Financial Audit: Civil Service Retirement System's Financial Statements for 1984 (GAO/AFMD-86-12, Apr. 2, 1986)

This report presents GAO's opinion on the U.S. Civil Service Retirement System's financial statements for the fiscal year ended September 30, 1984. It includes information on the retirement system's internal accounting controls; compliance with laws and regulations; and general information, such as type of plan and actuarial assumptions used, financial statements, actuarial status information, and an opinion of an enrolled actuary on the reasonableness of the actuarial assumptions.

Medicare: Existing Contract Authority Can Provide for Effective Program Administration (GAO/HRD-86-48, Apr. 22, 1986)

Health insurance companies process Medicare claims under contract with the government. The contractors are responsible for serving about 31 million elderly and disabled beneficiaries and insuring that the over $60 billion in annual payments from the Medicare Trust Funds represent only expenditures for medically appropriate, covered services. Most of these contractors are paid for their services on a cost reimbursement basis.

When Medicare began in 1966, the Congress determined that the use of cost reimbursement contracts in the program was appropriate, and competition for these contracts generally was not required. The Department of Health and Human Services (HHS) was later given legislative authority to experiment with fixed-price or incentive arrangements with contractors as a way of potentially reducing costs and improving program administration. Since 1977, HHS has initiated eight competitive fixed-price contracts on an experimental basis.

This report includes an evaluation of whether (1) the advantages of fixed-priced competition justify the broader use of this method of contracting in the Medicare program and (2) HHS's current authority is sufficient to achieve increased administrative efficiency without a change in contracting methods.

Federal Workforce: Added Cost of Early Retirement Is Included in Retirement Cost Factor (GAO/GGD-86-67BR, Apr. 25, 1986)

The Office of Management and Budget Circular A-76 requires government agencies to compare the cost of performing the fuctions using contractors in order to determine the most economical means of obtaining the work.

This briefing report addresses concerns that the government's policy of contracting work to the private sector forces some federal employees into early retirement and that the extra costs of early retirement negate any anticipated savings to the government and comments on the funding practices for the civil service retirement system.

Pension Plans: Termination of Plans With Excess Assets (GAO/HRD-86-89BR, Apr. 30, 1986)

A defined benefit pension plan's assets consist of the employer's contributions required by federal funding standards and the investment return on the contributions. When a plan is terminated, assets in excess of those needed to pay plan participants' benefits may revert to the employer. Employers terminating their defined benefit plans may provide replacement pension plans to cover employees. To encourage continued plan use, in May 1984 the administration issued guidelines clarifying that employers could establish defined benefit, as well as defined contribution, replacement plans.

This briefing report provides information on defined benefit pension plan terminations involving the reversion of excess plan assets to employers. It addresses the reasons defined benefit plans had excess assets at termination, the reasons plans were terminated, the types of replacement plans provided, and the effect of the administration's guidelines on employers' termination and replacement decisions.

VA Health Care: Allocation of Resources to Medical Facilities in the Sun Belt (GAO/HRD-86-70, May 6, 1986)

This report provides information on whether veterans at Veterans Administration (VA) medical facilities in Florida and other Sun Belt areas have equal access to care compared to VA patients in other areas of the country. Concern was raised that VA, in allocating health care resources to its medical centers, did not fully consider growth of the veteran population in the Sun Belt or the seasonal migration of veterans to the Sun Belt during winter months.

Specifically, this report provides information on:

—changes in the veteran population, veterans' demand for health care from VA, VA medical workload, and obligation of VA health care dollars from fiscal years 1981 through 1985;

—seasonal fluctuations in demand for care and outpatient workloads at VA facilities in the Sun Belt and the rest of the country;

—the extent to which VA medical centers in Miami and Tampa, Florida, and Boston, Massachusetts, provided veterans with timely access to needed care during the winter of 1984-85; and

—the extent to which VA considers changes in veteran demand for care when allocating health care resources to its medical centers.

Community Services: Block Grant Helps Address Local Social Service Needs (GAO/HRD-86-91, May 7, 1986)

Authorizing legislation for the Community Services Block Grant (CSBG) requires GAO to evaluate the states' use of CSBG funds.

This report expands on the testimony GAO delivered before congressional subcommittees. It contains information on key issues raised in the Congress pertaining to the reauthorization of CSBG. The report also contains two case studies of community action agencies—Bonifay, Florida, and Detroit, Michigan—describing the roles that community action agencies have in rural and urban communities and how the issues raised during the reauthorization process could affect them.

Medicaid: Methods for Setting Nursing Home Rates Should be Improved (GAO/HRD-86-26, May 9, 1986)

Because of the rapidly growing elderly population, nursing home care has become the nation's third largest health care expenditure. Under Medicaid, the federal government pays 50 to 78 percent of the costs incurred by states for medical services for persons unable to pay for their care.

Until 1980, states were required to pay for Medicaid nursing home care on a reasonable cost-related basis. The Congress, through enactment of the Omnibus Reconciliation Act of 1980, gave states more flexibility in designing reimbursement systems. Specifically, the act replaced the requirement that nursing homes be paid on a reasonable cost-related basis with a requirement that states make assurances that the rates were reasonable and adequate to meet costs incurred by efficiently and economically operated nursing homes. These assurances must be made at least annually and whenever a significant change is made in reimbursement methods. The Health Care Financing Administration (HCFA) is responsible for determining whether there is an adequate basis for the assurances.

In this report, GAO identifies weakness in each phase of the rate-setting process. These weaknesses mean that HCFA lacked adequate assurances that the states' reimbursement rates are reasonable and adequate to meet the costs incurred by efficiently and economically operated nursing homes.

Railroad Retirement: Federal Financial Involvement (GAO/HRD-86-88, May 9, 1986)

The Railroad Retirement Board administers two programs: a retirement program for rail workers and their dependents and survivors, and an unemployment and sickness insurance program. The Congresss and the rail industry originally intended that these programs be financed solely by the rail indusry, but both program later received federal financial assistance.

This report includes information on the nature and extent of federal financial involvement in these programs. In its analysis GAO characterized federal involvement in the railroad retirement programs as that which (1) affected general revenues and (2) involved other federal trust funds.

Medicaid: Making Georgia's Nursing Home Reimbursement More Equitable (GAO/HRD-86-56, May 12, 1986)

In developing nursing home prospective payment rates, states generally group their nursing homes into various subgroups to reflect differences in costs caused by such factors as location and level of care. Most of Georgia's nursing homes are classified as freestanding intermingled homes, meaning they can provide care for residents requiring either skilled nursing or intermediate care, but the state's grouping method for these facilities does not consider their resident mix—a significant cost determinant.

This report includes GAO's evaluation of whether (1) Georgia's grouping for reimbursement purposes resulted in equitable reimbursement for intermingled homes and (2) applying minimum nursing standards resulted in appropriate payment levels.

Federal Retirement: Records Processing is Better: Can Be Further Improved (GAO/GGD-86-47, May 15, 1986)

The Office of Personnel Management has had persistent difficulties in expeditiously processing civil service retirement applications and related documents. While delays and backlogs of retirement applications have been reduced recently, complaints about processing delays on other retirement-related documents have continued.

This report includes the results of GAO's review of four processing operations—applications from former employees seeking refunds of their retirement contributions, applications from people who owe money to the fund, notifications of change of address, and requests for changes in health and life insurance enrollment—to identify ways to streamline processing and reduce backlogs to acceptable levels.

Low-Income Energy Assistance: State Responses to 1984 Amendments (GAO/HRD-86-92, May 16, 1986)

Authorizing legislation for the Low Income Home Energy Assistance (LIHEA) Block Grant requires GAO to evaluate, at least every 3 years, the use of LIHEA funds by the states. This report (1) expands on the testimony on the effects of the 1984 amendments to the LIHEA program, delivered in February and March 1986 during hearings on LIHEA program reauthorization, and (2) presents information on the effects of the Gramm-Rudman-Hollings budget reductions and the $2.1 billion Exxon oil overcharge settlement.

Social Security: Implementation of New Mental Impairment Criteria for Disability Benefits (GAO/HRD-86-75BR, May 19, 1986)

The Social Security Disability Benefits Reform Act of 1984 mandated changes in methods used by SSA to evaluate claims relating to mental impairments for benefits under the Social Security Disability Insurance and Supplemental Security Income programs.

This briefing report summarizes (1) the changes mandated by law, (2) SSA's outreach efforts to contact mentally impaired individuals whose disability benefits had previously been denied or stopped and offer them the opportunity to reapply for benefits, (3) the availability of sufficient psychiatric consultants to assist disability examiners, and (4) implementation by SSA of its new criteria for adjudicating mental impairments.

Pension Plans: Plans With Excess Assets (GAO/HRD-86-100BR, May 30, 1986)

Concern has been expressed about the effect that plan terminations with asset reversions might have on the continuation and adequacy of pensions for plan participants. Employers may terminate plans with excess assets because of a desire to use the excess for non-pension-related purposes. Upon plan termination, any assets in excess of those needed to cover participants' earned benefits may revert to the employer sponsoring the plan.

This briefing report provides information on excess assets in ongoing defined pension plans. It includes an assessment of the extent and changes in excess plan assets because employers sponsoring overfunded plans might be influenced to terminate them.

Post-Hospital Care: Efforts To Evaluate Medicare Prospective Payment Effects are Insufficient (GAO/PEMD-86-10, June 2, 1986)

The Medicare prospective payment system, authorized in 1983, was intended to control inpatient hospital reimbursements. PPS, which is based on fixed per-case payment for diagnosis-related groups, gives hospitals strong incentives to contain costs by controlling the amounts of services provided and/or limiting patients' length of stay or both. One way to do this is to substitute skilled nursing facility and home health agency services for hospital care.

This report presents an evaluation plan that could be used to determine the effects of PPS on posthospital services and examines the adequacy of HHS efforts to develop this information.

Federal Workforce: Retirement Credit Has Contributed to Reduced Sick Leave Usage (GAO/GGD-86-77BR, June 6, 1986)

Public Law 91-93, enacted in 1969, provided that federal employees would receive service credit in the computation of their civil service retirement annuities for any unused sick leave they had at the time of retirement.

This briefing report provides information on whether the law has had its intended effect of encouraging employees to use sick leave appropriately.

Veterans Benefits: Verification of Selected Eligibility Factors (GAO/HRD-86-19, June 18, 1986)

This study identifies the extent to which taxpayers' Form 1040 tax return information could be used to identify persons receiving VA benefits to which they were not entitled. The study shows for certain types of VA beneficiaries, (1) the number of 1040 records VA might obtain through computer matching with the Internal Revenue Service, (2) the number of benefit awards VA would have to examine because of differences between beneficiaries' tax data and corresponding benefit entitlement criteria, and (3) the estimated number and dollar amount of certain types of benefits that may have been paid to persons not entitled to them.

Public Hospitals: Sales Lead to Better Facilities but Increased Patient Costs (GAO/HRD-86-60, June 20, 1986)

The vast majority of the nation's counties and cities operate hospitals. In rural counties, the county-operated hospital is often the only hospital. By law or custom, public hospitals generally serve all people in their area, regardless of ability to pay, and they reportedly provide about twice as much uncompensated care to the medically indigent as other hospitals when measured as a percentage of total hospital expenses.

GAO reviewed public and voluntary not-for-profit hospitals that had been leased or sold during 1980–82 in HHS's Atlanta region and analyzed cost and charge information on Medicare cost reports for these hospitals.

This report includes information on public hospitals that had been sold or leased to for-profit firms, specifically, (1) the circumstances leading to the decisions to sell or lease the hospitals, (2) the effects of the changes in control on local communities and taxpayers, and (3) the effects on Medicare and Medicaid payments after the transactions.

VA Disability Benefits: Timely Delivery of Military Service Medical Records to VA (GAO/HRD-86-104BR, June 24, 1986)

VA uses service military records to determine whether veterans are eligible for disability compensation benefits.

This briefing report discusses VA's ability to obtain service medical records from military records centers, specifically, (1) the extent of untimely delivery of service medical records from the military to VA, (2) reasons why military records centers experience delays in providing these records, and (3) records centers' initiatives to improve their response time.

Financial Management: An Assessment of the Veterans' Administration's Major Processes (GAO/AFMD-86-7, June 27, 1986)

This is a two-volume report. Volume I, based on information from fiscal years 1984, 1985, and 1986 for the planning, design, and construction of health care projects costing $2 million or more, describes and analyzes the major strengths and weaknesses of VA's major financial management processes and the primary information they use. Volume II provides more detailed descriptions and flowcharts of the processes for fiscal year 1986.

Needs-Based Programs: Eligibility and Benefit Factors (GAO/HRD-86-107FS, July 9, 1986)

Needs-based programs provide cash and in-kind benefits to low-income, needy, and/or distressed individuals who do not contribute financially to the programs. This fact sheet includes (1) a list of 95 needs-based programs active in fiscal year 1983, (2) tables showing the eligibility and benefit factors for 54 of the larger programs, and (3) a description of the 54 programs.

Health Insurance: Comparing Blue Cross and Blue Shield Plans With Commercial Insurers (GAO/HRD-86-110, July 11, 1986)

The proposed Tax Reform Act of 1985 would effectively revoke the plans' current tax exemptions allowed by the Internal Revenue Code. The proposed act allows for special treatment for that portion of the plans' business related to high-risk individuals and small groups.

The Internal Revenue Code exempts from federal income tax "civic leagues or organizations not organized for profit but operated exclusively for the promotion of social welfare." The Internal Revenue Service has recognized the exemption of Blue Cross and Blue Shield plans as social welfare organizations since their inception in the 1930's, when they pioneered health insurance. After commercial companies entered the field in the 1940's, a competitive for-profit health industry developed.

This report examines the potential impact of taxing Blue Cross and Blue Shield plans. It compares Blue Cross and Blue Shield plans with commercial insurers to identify differences in health insurance offered to high-risk individuals and provides information on certain underwriting practices used by Blue Cross and Blue Shield plans and commercial insurers.

Medicare: Issues Raised by Florida Health Maintenance Organization Demonstrations (GAO/HRD-86-97, July 16, 1986)

HHS, which administers Medicare, initiated a national demonstration of risk-based health maintenance organizations (HMOs). HMOs are emerging as a major option by which Medicare beneficiaries can receive health services. Medicare pays HMOs on a capitation basis (a fixed amount per Medicare enrollee for all covered services). According to its ability to provide covered services for less than the predetermined rate, the HMO makes or loses money on the contract.

Because capitation payment creates strong financial incentives for efficiency, the administration is expected to propose other Medicare initiatives employing this approach. While capitation has significant potential for containing health care costs, it also poses the danger of diminished quality of care should an HMO try to cut costs excessively.

This report examines the HHS mechanisms for monitoring HMO activities; federal standards for HMO financial solvency and enrollment; HMO marketing practices, costs, and grievance procedures; and Medicare savings from capitation.

Retirement Before Age 65: Trends, Costs, and National Issues (GAO/HRD-86-36, July 17, 1986)

The federal government has no consistent policy regarding retirement age. On the one hand, the 1983 amendments to the Social Security program will gradually raise the normal retirement age to 67. On the other hand, federal policy offers favorable tax treatment for employer-sponsored pensions that encourage retirement at ages 62 and younger and Individual Retirement Accounts and Keogh plans, which allow funds to be withdrawn for retirement without penalty at age 59½.

Retirement age has become an issue because of demographic projections that show an increase in the older population and a decline in the labor-force participation of older workers. These trends raise concerns as to whether the future working population will be able to support a growing number of retirees.

This report includes data on the trends and costs related to the decision to retire early.

Pension Integration: How Large Defined Benefit Plans Coordinate Benefits With Social Security (GAO/HRD-86-118BR, July 21, 1986)

Individuals' company pension benefits may be coordinated with Social Security, a process known as integration. In integrated plans, higher paid workers get a pension benefit that replaces a greater share of their final earnings than lower paid workers, thus countering the tilt in Social Security benefits toward low earners. Consequently, lower paid workers receive a small or sometimes no company pension benefit.

The proposed Tax Reform Act of 1986 included provisions that guarantee some minimum pension benefit to all participants in integrated employer-sponsored pension plans. These provisions affect the methods employers may use to integrate pension benefits with Social Security. In this report, GAO discusses the plans and people that might be affected by the integration amendments.

Medicare: Physician Incentive Payments by Hospitals Could Lead to Abuse (GAO/HRD-86-103, July 22, 1986)

During the past year, two physician incentive plans offered by hospitals have come under investigation for possible violation of Medicare law. These two plans have raised questions about the adequacy of the Medicare statute to deter abuses that may arise under the incentives of the Medicare prospective payment system for hospitals.

Until fiscal year 1984, Medicare paid hospitals the reasonable costs of providing services to beneficiaries. Later, Medicare paid hospitals under PPS, which pays a fixed amount for each Medicare discharge. The change in payment systems altered hospital incentives, which in turn changed the types of abuses that could occur. Under PPS, hospitals have financial incentives to underprovide services, discharge patients too early, and admit patients unnecessarily. The first two of these incentives were absent under cost reimbursement, which encouraged overprovision of services.

This report includes information on existing and proposed physician incentive plans and analyzes the plans to (1) assess their legality under current law and (2) determine the potential abuses that could arise in view of the changed incentives under PPS.

Federal Retirement: Retirement Data for Selected Agencies (GAO/GGD-86-123FS, August 1, 1986)

If, within 3 years after retirement, retirees receive annuity payments equivalent to their contributions to the retirement fund, they pay no taxes on their annuities until the contribution equivalent is received. Currently, federal and other retirement annuities are taxed under the 3-year rule. Repeal of the 3/year rule would mean the tax-free recovery of contributions would be prorated over the retirees' expected lifetimes. Both the House and the Senate approved proposals to eliminate the 3-year rule as part of the overall tax reform program.

This fact sheet includes the results of GAO's survey at selected federal agencies to obtain information on the extent to which employees may be retiring to avoid the consequences of proposed legislation to change the taxation of annuities.

VA Health Care: Issues and Concerns for VA Nursing Home Programs (GAO/HRD-86-111BR, August 8, 1986)

VA proposed in its fiscal year 1987 budget to increase resources for VA-supported state and community nursing home programs. GAO identified several issues that it believes bear directly on VA's ability to deliver nursing home care in fiscal year 1987 and beyond.

This briefing report identifies issues congressional committees may want to address in reviewing VA's provision of nursing home care.

Medicare: Alternatives for Paying Hospital Capital Costs (GAO/HRD-86-93, August 11, 1986)

The Social Security Amendments of 1983 required HHS to analyze methods for including capital costs related to inpatient services in Medicare's prospective payment system. Medicare has developed a system for paying hospitals a predetermined fixed amount for specific inpatient services—PPS—which does not include capital-related costs.

This report identifies and evaluates numerous proposals for including capital-related costs in PPS or modifying the current cost reimbursement system. It also addresses the general principles involved with prospective payment of capital costs, the effects on hospitals of various types of proposals, and possible alternatives that would lessen any potential adverse effects.

Social Security: Improved Telephone Accessiblity Would Better Serve the Public (GAO/HRD-86-85, Aug. 29, 1986)

Each year, the public places millions of telephone calls to SSA. If a caller encounters a busy signal, no answer, or a long wait on hold, the result can be frustration, dissatisfaction with SSA, and increased visits to local offices.

This report, one of a series on SSA's service to the public, discusses the results of a GAO nationwide test of SSA telephone access and provides information on the agency's standards and telephone reporting activities.

Welfare Simplification: Service Integration Demonstrations Under the 1984 Deficit Reduction Act (GAO/HRD-86-125BR, Aug. 29, 1986)

The Deficit Reduction Act of 1984 authorized projects to demonstrate integrated service delivery systems to improve the delivery of human services to the needy and assure that an applicant for services under one human services program is informed of and has access to services available under other programs in the community.

This briefing report responds to a request that GAO report on the funding and monitoring by HHS on five integration demonstration projects authorized by the act.

Housing for the Elderly: HUD's Cost Containment Program Could Be More Effective (GAO/RCED-86-106, Sept. 9, 1986)

Under Section 202 of the Housing Act of 1959, as amended, the Department of Housing and Urban Development (HUD) makes reduced-interest rate loans to nonprofit entities, or sponsors, to construct housing for the elderly. Since 1974, this loan program has been used in conjunction with HUD's Section 8 rental assistance program. This program provides subsidies to cover the difference between the amount the tenant pays (30 percent of income) and the rent for the unit.

This report describes what HUD's cost containment initiatives have accomplished in reducing costs in the Section 202 elderly housing program. It discusses the problems HUD has encountered in administrating these initiatives, as well as additional opportunities for further reducing program costs. It additionally describes the demographic, financial, and housing characteristics of the elderly being served by the Section 202 program.

Medicare: Reviews of Quality of Care at Participating Hospitals (GAO/HRD-86-139, Sept. 15, 1986)

As its primary means of monitoring the medical necessity and quality of in-hospital care provided to Medicare beneficiaries, HCFA contracts with Utilization and Quality Control Peer Review Organizations (PROs). During the first 2 years of the program, HCFA contracts emphasized monitoring the medical necessity of admissions. HCFA's scope for the second contract expands requirements for PROs to monitor the quality of care provided.

This report discusses two areas related to quality issues in which GAO believed HCFA should make PROs' responsibilities more explicit.

An Aging Society: Meeting the Needs of the Elderly While Responding to Rising Federal Costs (GAO/HRD-86-135, Sept. 30, 1986)

This report provides information on demographic changes in the elderly population, the relationship of these changes to the retirement income status of the elderly and expenditures for acute health care and long-term care services, and the extent to which potential changes to federal programs could affect the needs of the elderly. The report also discusses the health care needs of the elderly and how those needs affect their economic status and current and proposed efforts to deal with increasing health care costs.

APPENDIX II—*GAO Audits in Process Relating to Issues Affecting the Elderly*

Examination of the Financial Statements of the Military Services Retirement System for Fiscal Year 1985.

Preparing Instructions for Federal Pension Plan Reporting Under Public Law 95-595 and Monitoring Compliance.

Survey of Office of Personnel Management/Treasury Management of Civil Service Retirement Fund Investments.*

Review of Internal Controls Over Fiscal Intermediaries in the Medicare Program.

Survey of Internal Controls in the Medicaid Program.

Review of 401(K) Deferred Pension Compensation Plans.*

Alternative Ways of Looking at the Financial Position of the Social Security Trust Fund.

Problems in Access to Posthospital Care for Medicare Patients.*

Strategies for Measuring and Monitoring Quality of Care in the Medicare Progam.*

SSA Management Review.

Tax Data to Verify VA Pensions Eligibility.*

Evaluation of Medicare's Comprehensive Outpatient Rehabilitation Facility Reimbursement.

Evaluation of Medicare's Secondary Payer Program.*

Survey of the Appropriateness and Impact of Medicare's Fee Schedules for Laboratory Services.

Survey of the HCFA's Ongoing Efforts to Assure the Appropriateness of Medicare Diagnosis Related Group Payment Rates.

Review of New York State Survey and Certification Activities for Medicare and Medicaid Providers.*

Survey of Diagnosis Related Group Validation Activity by PROs.

Survey of Medicare Payments for Services Provided by HMOs.

Review of the Voluntary Certification Program for Medicare Supplemental Insurance.*

Review of the Effect of Federal Cost Containment Efforts on the Medicare and Medicaid Programs.*

Hospital-Based Physician Payment Alternatives for the Medicare Program.

Study of Variations in Medicare Payments to Teaching and Nonteaching Hospitals.

Employees Not Covered Under Employer Health Insurance Program.*

Survey of Cost and Use of Contracting with Noncertified Nursing Agencies to Provide Medicare Home Health Services.

Medicare Audits in Controlling the Use of Home Health Services.*

State Cost Reporting of Medicaid Home and Community-Based Service Waivers.

Operations of Arizona's Medicaid Health Care Cost Containment Program.

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* Being performed at the request of Committees or Members of Congress.

Effectiveness of State Medicaid Lock-In Programs.
Current Enforcement Efforts for Medicaid Nursing Home Standards.*
Medicaid Support for Mentally Retarded Patients in Nursing Homes.
Transfer of Assets to Become Eligible for Medicaid Nursing Home Care.
Application of Residents' Income to Offset Medicaid Nursing Home Costs.
Changing Structure of the Health Care System.*
Evaluation of Mental Health Benefits Available Under Medicaid.*
Qualifications of Direct Care Personnel Employed by Home Health Care Providers.*
How Does VA Assure That Veterans Placed in Community and State Nursing Homes Receive Quality Care.*
Should VA Build or Buy a Hospital in the Gulf Cost Area.*
Review of VA's Domiciliary Programs.
The Consolidation of St. Paul and Philadelphia VA Insurance Offices.
Effects of Underfunded Pension Plans on the Single Employer Insurance Program.*
Survey to Assess the Effectiveness of the Employee Retirement Income Security Act of 1974 Pension Plan Funding Standards.*
Survey of How SSA Resolves Payment Problems.
Review of Effects of Uncredited Earnings on Social Security Eligibility and Benefit Amount.
Evaluation of the SSA Samples to Determine Retirement and Survivors Insurance Payment Accuracy.
Follow-up Questionnaire Survey of SSA Clients on the Quality of SSA Service.
Quality of SSA Service—First of Three Mandated Reports to the House and Senate Department of Health and Human Services Appropriations Subcommittees.*
The Social Security "Notch" Problem: Background, Effects, and Alternatives.*
Survey of the VA Service-Connected Disabilities.
Review of Implementation of Medical Improvement Standard.
Evaluation of SSA's Face-to-Face Hearings at Reconsideration.*
Development of Demographic Data on Various Groups of Disabled Persons.*
The Role of Vocational Rehabilitation in the Social Security Disability Program.*
Review of VA Unemployment Compensation Awards.*
Alcohol, Drug Abuse, and Mental Health Block Grant: Reauthorization Issues.*
Medicaid: Results of Certified Fraud Control Units.*

APPENDIX III—*GAO Activities Affecting Older Persons*

GAO appointed 452 persons to permanent and temporary positions during fiscal year 1986. Of that number, 109 were age 40 and older. As of September 30, 1986, GAO had 2,674 persons 40 and older (48.8 percent of our work force) on the rolls.

GAO employment policies prohibit discrimination based on age. Our Civil Rights Office continues to provide information and advice to persons regarding allegations of age discrimination.

For employees nearing retirement age, GAO continues to provide individual retirement counseling and preretirement seminars. The seminars and counseling are intended to assist employees in:

—calculating retirement income available through the Civil Service and Social Security systems and in understanding options involving age, grade, and years of service;
—understanding health insurance and survivor benefit plans;
—acquiring information helpful in planning a realistic budget based on income, tax obligations, and benefits and in making decisions concerning legal matters;
—gaining insights and perspectives on adjustments to retirement;
—increasing awareness of those community resources that might support preretirement planning, second careers, and financial planning; and
—increasing awareness of lifestyle options during the transition from work to retirement.

ITEM 22. LEGAL SERVICES CORPORATION

DECEMBER 19, 1986.

DEAR MR. CHAIRMAN: Thank you for the opportunity to provide the members of the Special Committee on Aging with information regarding the Legal Services Corporation's activities relating to the elderly.

Recent statistics compiled by the Legal Services Corporation (LSC) each year indicate that an average of 13% of the clients served by LSC, totalling approximately

1,346,000 persons, are aged 60 and over. In addition, the Elderlaw Project is in its second year and is engaging law school civil clinics and the private bar in its effort to increase and improve legal services to older Americans.

I trust that the enclosed materials which cover the Elderlaw Project will be useful in completing your annual report.

Sincerely,

JAMES H. WENTZEL, *President.*

Enclosure.

THE "ELDERLAW" PROJECT

In 1984 Congress allocated $2 million to the Legal Services Corporation (LSC) to increase "quality legal services to the elderly by: (1) developing classroom and bar association source materials on law affecting the elderly for use by law schools, the private bar, legal services grantees, and in continuing education seminars; (2) developing plans to encourage the bar to do more to provide better *pro bono* services for elderly and higher quality legal services; and (3) developing a clinical program to supplement local Legal Services Corporation grantees. . ." Public Law 98-411. In reponse to this Congressional mandate, LSC initiated its "Elderlaw" Project.

The Corporation began implementation of this project in 1985 by soliciting proposals nationwide. After extensive review by Corporation staff in conjunction with panels of experts from the law school community, the "Aging" network, the local legal services community, and the private bar, LSC made the following grants: (1) $140,270 to six law schools or bar associations for the development of six sets of source materials; (2) $222,820 to a total of 11 private bar *pro bono* projects; and, (3) $1,636,910 to a total of 20 law school clinics.

As the "Elderlaw" Project moves into its second year of operation, the projects which the Corporation funded are progressing well. The first aspect of the Corporation's efforts to address the problems of the elderly involves the use of special educational programs on laws affecting the elderly, and the development of source materials. To date, the materials developed have included a series of videotapes on Medicare, which is currently being distributed through Administration on Aging offices, and a consumer manual on nursing homes. Other materials will continue to be developed and released throughout the year, including a textbook for use in law schools on the topic of law and aging.

The *pro bono* projects have utilized the first year of operation to create information and referral networks for the elderly which will or may remain in existence even after expiration of the Congrressional grant funds. These networks have been supplemented with a variety of educational manuals for the private bar designed to both raise the quality of services provided to the elderly in such areas as nursing home care, as well as to increase the number of skilled attorneys who are willing to provide *pro bono* services.

While the twenty law school clinics were originally funded in 1985, many of the schools used the first semester of operation for planning. Consequently, in the first year of operation, thirty-three percent (33%) of the total clinic funding was actually expended by the law school clinics. To date, the legal problems of more than 2,200 elderly clients were handled by approximately three hundred students whose clinical involvement was made possible by these LSC grant funds. Preliminary indications show that ninety percent (90%) of these students became aware of the legal problems of the elderly poor through their work with these clinics, and the exposure has increased their willingness to provide future services on a *pro bono* or reduced fee basis.

Direct client services have been provided by both the *pro bono* projects as well as the law school clinic components. The direct client service has generally concentrated in the areas of housing, income maintenance, consumer finance, family and health. All clients were surveyed. Over ninety-seven percent (97%) indicated that they were treated in a dignified and respectful fashion. Ninety-five percent (95%) were satified with the overall quality of representation. Slightly fewer, approximately ninety-one percent (91%), were satisfied with case outcomes.

Below is a synopsis of the projects which have been funded by LSC through use of the special 1985 Congressional appropriation. Many of these projects will continue operations over the next year.

SOURCE MATERIALS DEVELOPMENT

University of Southern California (USC), Los Angeles, CA. Grant Amount: $50,000; Grant Period: 7/1/86 to 6/30/87; Contact Person: Martin L. Levine.

USC is a law school noted for its research work on issues facing the elderly. The University plans to sponsor a textbook for use in law schools which will survey income maintenance, health issues and related topics as they affect the elderly. Special segments will be devoted to legal services providers and private bar programs for the elderly.

Milwaukee Young Lawyers, Milwaukee, WI. Grant Amount: $4,558; Grant Period: 1/1/86 to 12/31/86; Contact Person: John T. Bannen.

The Milwaukee Young Lawyers is producing skills practice videotapes. The tapes concentrate on wills preparation, probate, and the right to death with dignity. The tapes will initially be distributed throughout Wisconsin.

Center for the Public Interest; Los Angeles, CA. Grant Amount: $22,712; Grant Period: 7/1/85 to 7/31/86; Contact Person: Albert D. Buford III.

The Center for the Public Interest prepared videotapes to assist lawyers with appeals to the Social Security Administration for health care benefits. Although located in California, the Center received production assistance from other sources located in Texas, Arkansas, Connecticut, Oklahoma, and New Mexico. Additional regional inserts will make the tapes applicable for nationwide distribution through State Agencies on Aging.

Maryland State Bar Association, Baltimore, MD. Grant Amount: $5,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Paul V. Carlin.

The Maryland Bar has written a manual on nursing home law. A preliminary Legal Services Corporation survey indicated that this was an area where a resource manual was greatly needed. The primary emphasis of the manual is on admissions contracts compared to federal and state statutes regarding care for the elderly. The manual is available for distribution through the Maryland State Bar Association.

Nova Law School, Fort Lauderdale, FL. Grant Amount: $33,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Lynn E. Szymoniak.

The University prepared a practice manual for advocates representing social security claims. It includes: (1) a discussion of recurring and emerging issues in disability litigation; (2) sample pleadings; (3) a compilation of recent cases; and, (4) procedures to appeal claims beyond the administrative agency stage.

University of Pittsburgh, Pittsburgh, PA. Grant Amount: $25,000; Grant Period: 6/1/86 to 5/31/87; Contact Person: Alan Meisel.

The University is researching and writing the *Pennsylyvania "Elderlaw" Manual*. The authors are members of the Benedum Gerontology Research Group. The manual will be a compendium of relevant Pennsylvania and federal law which the Pennsylvania State Bar will disseminate.

PRIVATE BAR PRO BONO PROJECTS

Worchester County Bar Association, Worcester, MA. Grant Amount: $24,650; Grant Period: 10/1/85 to 9/30/86; Contact Person: Kathleen Miller.

The intent of this project was to increase *pro bono* representation of the elderly poor. Attorneys with the requisite knowledge provided with conservatorships, guardianships, and home equity conversion counseling. Volunteer attorneys received training and resource materials on "Elderlaw".

Maryland State Bar Association, Baltimore, MD. Grant Amount: $6,500; Grant Period: 7/1/85 to 6/30/86; Contact Person: Paul V. Carlin.

The Maryland State Bar organized a statewide panel of attorneys who are available to act as court-appointed guardians of the property of disabled elderly persons when no appropriate relative or interested person is available, and the estate is too small to provide an adequate fee to an appointed attorney.

North Carolina Bar Association, Raleigh, NC. Grant Amount: $35,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Linda Tucker.

The North Carolina Bar Association created two model programs to involve private attorneys in delivering legal services to low-income persons. The first is based on a referral/direct representation model. The second is a community-based education and advice model. All participating attorneys will receive training seminars and materials.

Loyola Universtity of New Orleans, New Orleans, LA. Grant Amount: $14,520; Grant Period: 7/1/86 to 6/30/86; Contact Person: John Nelson.

The University combined a clinical education seminar with a project to create a manual to assist those who want to begin a *pro bono* project to serve the elderly. Each participating student agrees to accept a minimum of three elderly clients per year on a *pro bono* basis upon graduation.

Cincinnati Bar Association: Pro Seniors, Cincinnati, OH. Grant Amount: $23,400; Grant Period: 8/1/85 to 12/31/86; Contact Person: Martha Perin.

The bar association currently operates a Lawyer Referral for Senior Projects (LRSP). The LSC's funding has allowed LRSP to expand into four rural areas. Participating attorneys offer a 25% percent reduction in fees to elderly below 150% of the poverty level and give *pro bono* services to clients who are below the poverty level.

Senior Citizens Judicare Project, Philadelphia, PA. Grant Amount: $18,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Carole W. Soskis.

This is an independent legal services program. The Judicare Project recruited attorneys and law school students to assist the institutionalized and homebound elderly. The project distributed a bi-monthly newsletter and held six training seminars on "elderlaw" issues.

Allegheny County Bar Association, Pittsburgh, PA. Grant Amount: $20,000; Grant Period: 1/1/86 to 12/31/86; Contact Person: James Smith.

This project enhances the *pro bono* efforts of Neighborhood Legal Services and the Legal Aid Society of Pittsburgh by injecting the local bar association into the stream of service offered to the elderly. The legal services office will do intake screening and refer cases to volunteer lawyers.

Larimer County Bar Association of Colorado, Fort Collins, CO. Grant Amount: $3,750; Grant Period: 7/1/85 to 6/30/86; Contact Person: Wallace D. Prugh.

The Bar Association hired a paralegal to do intake screening five hours a week at various on-site locations. The Bar also encouraged volunteer attorneys to handle overflow cases which the legal services office was unable to handle.

Alaska *Pro Bono* Program, Anchorage, AK. Grant Amount: $22,000; Grant Period: 7/1/85 to 12/31/86; Contact Person: Seth Eames.

This project utilizes corporate attorneys from the major oil corporations in Anchorage, Alaska, as well as from the private bar. Each attorney routinely visits four senior citizen centers in and around Anchorage to handle wills, public entitlements issues and consumer finance issues for the elderly.

North Dakota State Bar Association, Bismarck, ND. Grant Amount: $15,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Les Torgerson.

The State Bar advertised for and directly solicited attorneys to join its *pro bono* project. The bar educated those attorneys in the problems faced by low-income elderly individuals. The volunteers each receive a handbook entitled, *Handling Legal Problems of the Elderly—A Handbook for North Dakota Attorneys.*

The Legal Aid Society, New York, NY. Grant Amount: $40,000; Grant Period: 7/1/85 to 6/30/86; Contact Person: Valerie B. Fingerman.

The Legal Aid Society assisted the elderly poor through training volunteer attorneys, retired attorneys and law students to provide effective *pro bono* service. The trained service providers traveled to senior centers to provide those services.

LAW SCHOOL CLINICS

Franklin Pierce Law Center: Institute for the Elderly and Their Health, Concord, NH. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Bruce E. Friedman.

The project expanded the existing clincial program and it is supplemented with resource funds from Dartmouth Medical School. Case types include: access to medical care, guardianship, surrogate decision-making, right to treatment, and right to refuse treatment. The clinic also counsels the families of victims of Alzheimer's disease.

Brooklyn Law School: Senior Citizen Law Office, Brooklyn, NY. Grant Amount: $97,150; Grant Period: 7/1/85 to 6/30/87; Contact Person: Stacy Caplow.

The clinic gives priority to the particular legal and social service needs of the frail elderly. During its first year, the clinic developed community outreach techniques, prepared legal resources, and identified pertinent issues concerning the frail elderly. During its second year, the unit will develop broader strategies to assist its clients.

George Washington University: "Elderlaw" Clinic, Washington, DC. Grant Amount: $92,122; Grant Period: 7/1/85 to 12/31/86; Contact Person: Eric Sirulnik.

The University has expanded its clinical program to serve the elderly in the areas of conservatorships, trusts and estates. The clinic continues to handle landlord/tenant, consumer, domestic relations, small claims, bankruptcy, and benefit issues for the elderly.

Campbell University: Campbell University Hospice and Probate Program, Buies Creek, NC. Grant Amount: $48,975; Grant Period: 7/1/85 to 6/30/87; Contact Person: Richard L. Braun.

The "elderlaw" clinic at Campbell University established a Hospice and Probate Program for third year students. The program is directed by a probate professor and students are supervised by practicing attorneys. The students visit clients at the hospice or the probate office at the courthouse.

Catholic University: Columbus Community Legal Services, Washington, DC. Grant Amount: $99,750; Grant Period: 7/1/85 to 6/30/87; Contact Person: Ellen M. Scully.

Catholic University offers a unique alternative in its "Elderlaw" division. Their program is open to night students who are not ordinarily able to participate in clinical programs. The students provide legal services to the institutionalized and homebound elderly in Washington, D.C.

West Virginia University: West Virginia "Elderlaw" Project, Morgantown, WV. Grant Amount: $74,217; Grant Period: 7/1/85 to 6/30/87; Contact Person: Marie Ashe.

The clinic serves the elderly poor in rural Appalachia. The existing clinical program added an additional attorney to increase its caseload. Approximately one-half of all accepted cases provide direct legal services to the elderly through third-year law students.

College of William and Mary, Marshall-Wythe School of Law: "Elderlaw" Project, Williamsburg, VA. Grant Amount: $80,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: John Levy.

A clinical supervisor and eight law students per semester represent elderly clients referred to them through the Peninsula Legal Aid Center, Inc. The clinic members are also writing source materials, based on their clinic legal experiences, to be used by legal aid societies throughout the state.

University of Alabama: University of Alabama Clinical Program, University, AL. Grant Amount: $92,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Stephen C. Emens.

The University of Alabama Clinic provides legal assistance to low-income persons over sixty years old in a ten county area of Western Alabama. They have adopted a supervising attorney/law student model to provide direct services. This is supplemented by a weekly seminar and a course called Law and the Elderly.

Stetson University: "Elderlaw" Project, St. Petersburg, FL. Grant Amount: $80,000; Grant Period: 8/1/85 to 6/30/87; Contact Person: Ronald Halpern.

Stetson operates a general civil clinic to address the needs of the elderly in a variety of legal areas. Stetson University faculty instruct participating students while legal services attorneys at Gulfcoast Legal Services, Inc. and Bay Area Legal Services, Inc. supervise their work.

Thomas M. Cooley Law School: Sixty Plus Law Center, Lansing, MI. Grant Amount: $56,829.78; Grant Period: 10/1/85 to 6/30/87; Contact Person: Kent Hull.

The Center has added 10 more law students and an additional supervising attorney to its clinic. The clinic exists mostly through the willingness of area attorneys to volunteer time. The law school believes that legal services funding will give it time to secure the long term funds necessary to continue the clinic.

Southern Illinois University: "Elderlaw" Project, Carbondale, IL. Grant Amount: $80,861; Grant Period: 7/1/85 to 6/30/87; Contact Person: Howard Eisenberg.

This Title III recipient services 13 rural counties in Southern Illinois. A total of 19 law students provide legal services at senior centers throughout the area. The program has expanded its lawyer referral system and experiences a great degree of cooperation from the local legal services program.

University of New Mexico: "Elderlaw" Project, Albuquerque, NM. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: J. Michael Norwood.

This grant allows for the continued operation of a rural outreach office. An additional 6 to 10 students participate in the project each semester; the clinic has expanded to another two or three rural areas and now serves 120 to 200 clients per semester.

Loyola of Chicago: Loyola of Chicago Law School Clinical Program, Chicago, IL. Grant Amount: $59,515.22; Grant Period: 7/1/85 to 6/30/87; Contact Person: Henry Rose.

Five students per semester have been added to the existing clinical program. These students focus on delivery of legal services to the isolated, homebound, institutionalized and frail elderly. The students also provide legal education to senior citizens in fourteen senior centers in New Orleans.

Thurgood Marshall School of Law: "Elderlaw" Project, Houston, TX. Grant Amount: $86,220; Grant Period: 7/1/85 to 6/30/87; Contact Person: Jesse M. Bethel, Jr.

This clinic focuses on preventive law by educating clients as to their legal rights. The law school also hopes to sensitize its students to the critical legal needs of the elderly.

University of Texas at Austin: Senior Citizens' Law Project, Austin, TX. Grant Amount: $75,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Michael Rosenthal.

This is a joint project between the University of Texas at Austin and the Legal Aid Society of Central Texas. A law professor instructs students in the pertinent legal issues of the elderly while the Legal Aid Society supervises students providing direct legal services.

University of Nebraska: "Elderlaw" Project, Lincoln, NE. Grant Amount: $99,070; Grant Period: 7/1/85 to 6/30/87; Contact Person: Peter T. Hoffman.

The University of Nebraska has joined with the Lincoln Information Services for the Elderly to service the elderly poor in an eight-county area. Over the grant period, the clinic will enroll 48 students who, in addition to providing the clinic service, will also create source materials.

Lewis and Clark College, Northwestern School of Law: "Elderlaw" Project, Portland, OR. Grant Amount: $55,200; Grant Period: 7/1/85 to 6/30/87; Contact Person: Richard A. Slottee.

The Legal Services Corporation funding permitted Lewis and Clark to add ten new law students and a third attorney to its legal clinic. These students focus exclusively on the legal problems of the elderly in a heavily populated two-county area.

Drake University: Senior Citizens' Legal Services Program, Des Moines, IA. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Daniel L. Power.

Drake University's Senior Citizens' Legal Services Program sensitizes and instructs law students on issues concerning the elderly. The students apply their acquired knowledge by delivering direct services to the elderly. Outreach is performed through a traveling mobile home which students drive to remote areas of rural Iowa. The mobile home provides the necessary privacy for confidential client interviews.

McGeorge School of Law, University of the Pacific: "Greylaw" Sacramento, CA. Grant Amount: $100,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Glendalee Scully.

McGeorge School of Law views the elderly as having district legal problems resulting from limited assets. As such, the clinic is geared for health care and estate planning. The students are taught and encouraged to develop the skills necessary to relieve the anxiety the elderly feel about securing health care and entitlements.

University of Utah: "Elderlaw" Program, Salt Lake City, UT. Grant Amount: $60,000; Grant Period: 7/1/85 to 6/30/87; Contact Person: Linda F. Smith.

The University of Utah's multi-faceted approach is: (1) an outreach program to the institutionalized elderly; (2) placement of students in the Utah Legal Services office; and, (3) a particular focus on the legal issues of the institutionalized elderly (e.g. abuse, neglect,and financial exploitation).

ITEM 23. NATIONAL ENDOWMENT FOR THE ARTS

DECEMBER 23, 1986.

DEAR MR. CHAIRMAN: We are pleased to report to you on the Fiscal Year 1986 activities of the National Endowment for the Arts concerning arts programs involving older Americans.

During this period, we completed two major projects to help architects design places that foster better living for older citizens.

The first is the book, *Design for Aging: An Architect's Guide*, that you received in May of this year. This ground breaking publication is going into its second printing, as the American Institute of Architects' best selling publication. It was produced through support from the Administration on Aging and the Arts Endowment, and was coordinated with an interagency task force composed of the two funding agencies, the Department of Housing and Urban Development and the Farmers Home Administration of the USDA. The task force disseminated 2,000 free copies of the guide to key designers and administrators throughout the country.

Second, a national student competition on design for aging, which was held February through June 1986, generated 290 entries and seven awards in the aggregate amount of $10,500. Supported in part by the Arts Endowment's Design Arts Program and undertaken by the American Institute of Architects Students (AIAS) organization, the competition provided students with the opportunity to design for older residents in a small Mississippi town. The new design guide was then used by participating students. This helped to stimulate faculty and student interest in the guide. The winning designs will be featured in a forthcoming AIAS publication which we will send you when available.

One of the offshoots of this effort was a one-day symposium on "Housing for Aging" convened on April 15, 1986, and supported by the American Institute of Architects for its membership.

Renowned gerontologist, Patricia A. Moore, and William Glass, Design Manager of the Marriott Corporation's new Life Care enterprise, were among the group of presenters. We hope the design guide and the competition will inspire many more such projects to improve the lives of citizens throughout their lifespans.

The past year also marked the completion of our National Trust for Historic Preservation project begun in 1985. A series of two-day workshops on making programs and facilities more available to older visitors and those with disabilities was hosted by historic sites in six Eastern states. A total of 107 staff members, representing more than 300 historic sites, attended the workshops that were completed in February of this year.

A mini-grants program (totaling $15,000) followed the workshop series; this enabled eight of the participating sites to implement access plans that grew out of the workshops. Building on the success of this unprecedented audience development effort, the National Trust plans to conduct workshops for historic sites in the Western states.

The report which follows provides a thorough description of our advocacy, technical assistance and funding activities in support of greater access to and involvement in the arts for older Americans.

Thank you for this opportunity to present the Special Committee on Aging with an overview of the Arts Endowment's works in progress for older citizens.

Sincerely,

F.S.M. Hodsoll, *Chairman.*

SUMMARY OF ACTIVITIES RELATING TO OLDER AMERICANS—FISCAL YEAR 1986

INTRODUCTION

The National Endowment for the Arts' mission is "to foster the excellence, diversity, and vitality of the arts in the United States and to help broaden the availability and appreciation of such excellence, and vitality."

The arts are for all ages—from young school children to older Americans. Accordingly, the Endowment's policies and programs stretch across this age span.

The older segments of our population are growing, and this implies increased needs in the arts. Older people now number 28 million versus ony 3 million at the turn of the century. In 1900, this figure represented 4 percent of the U.S. population; today people 65 and older account for more than 12 percent as indicated in the Senate Special Committee on Aging's 1985 report, *Developments In Aging: Vol. III America in Transition in an Aging Society.*

The Arts Endowment works in all disciplines to achieve its goals for older people through a variety of means: advocacy, technical assistance, and funding. Our office for Special Constituencies develops targeted efforts to advocate for and address the needs of older citizens, and Endowment Program offices include consideration of older Americans in the course of their ongoing activities.

OFFICE FOR SPECIAL CONSTITUENCIES

The Office for Special Constituencies continues to serve as the technical assistance and the advocacy arm of the Arts Endowment for people who are older, disabled, or living in institutions. This office works in a myriad of ways to assist the Arts Endowment and its grantees in making arts programs available to special constituencies. Established by the National Council on the Arts in 1976, the office develops a broad range of cooperative efforts with the Arts Endowment's Programs and grantees, private groups and grantees, private groups representing special constituencies, and other Federal agencies to implement the Arts Endowment's goal of access to the arts for all Americans. Many of the initiatives are described in this report.

INTERAGENCY ACTIVITIES

Design for Aging

The Arts Endowment is continuing its efforts to educate designers of the needs of older Americas so they will address these needs in their work. Quality of life for the elderly should be a serious consideration when designing for them. Good, sensitive design that promotes social interaction and provides for a wealth of activities can significantly improve the lives of older individuals.

Realizing these important concerns, the Arts Endowment's Special Constituencies Office began work with the American Institute of Architects (AIA) in 1982 with a symposium to determine what has been and what can be done to improve the lives of older Americans through design. Last year's report discussed the resulting interagency agreement that the Arts Endowment developed with the Administration on Aging of HHS, the Department of Housing and Urban Development and the Farmers Home Administration of the United States Department of Agriculture to work cooperatively on projects towards this goal.

In March 1986, the Special Committee on Aging received the first product of this partnership, *Design for Aging: An Architect's Guide.* Approximately 2,000 free design guides have been distributed to key administrators and architects throughout the country by the four federal agencies. In addition, the AIA is marketing the guide through its sales division. AIA sold more than 1,400 guides during the past nine months, and the book is going into its second printing.

There has also been increased demand for AIA's computerized bibliography that was established as part of this same effort. The purpose of the bibliography is to help architects locate useful design/aging information and resources. Because of the many new design initiatives that have occurred since the bibliography's publication, the Special Constituencies Office is presently supporting an update.

Design for Aging Student Competition

In order to ensure that architecture students and faculty see the design guide, the interagency task force worked with the American Institute of Architects Students (AIAS), composed of 138 chapters with 13,000 student members, to develop a national student competition in design for aging. In June 1985, the Arts Endowment awarded AIAS a $35,000 grant to conduct the competition. The American Association of Retired Persons contributed a portion of the matching funds required to complete the project.

The competition gave students the opportunity to address the realities of design issues in aging. It invited students to design for older people in a small Mississippi town (population 7,500 of which 1,500 residents are over 65 years old), and the design guide was used as part of the project's resource materials. Two-hundred and ninety students from 79 schools registered for the competition. Panel review of the entries (both individual and team) took place at the National Institute for Architectural Education in New York City. Panelists were Richard Meier, noted architect; Dr. Sandra Howell, professor of architecture at MIT: Dr. Gordon Streib, sociologist, gerontologist and professor at University of Florida; and Kathryn Simmons, graduate student in architecture at University of Wisconsin.

The award ceremonies, which were sponsored by the Retirement Inns of America, took place at the AIA on June 26, 1986. Seven students received a total of $10,500 for their winning designs, which were displayed at the ceremonies. AIAS plans to produce a publication that will document the competition's results.

This competition represents a milestone in the ongoing efforts to help America's fastest growing population. We hope the design guide and competition will stimulate many more efforts to improve the lifespan of Americans through good design.

Profiles In The Arts

Although the majority of older adults are not disabled, many experience impairments that may limit their ability to hear, to see or move about with ease. Therefore, it was felt that the Arts Endowment's new publication, *Profiles in the Arts,* would be of interest to the Special Committee. This book tells the stories of twenty artists and arts administrators with disabilities who achieved excellence in their particular fields. The participants range in age from 31 to 79.

The Arts Endowment undertook this first-time book as a tribute to all American artists and arts administrators with disabilities, a signal to others to participate, and a call to those in the arts industry to pull down the obstacles and open doors to talented people with impairments.

Profiles was jointly produced through the New York School of Visual Arts by the Arts Endowment and the President's Committee on employment of the Handicapped. The two federal agencies are disseminating 4,500 free copies of *Profiles* to people across the country through state and national art groups and organizations representing special constituencies. In addition, the Government Printing Office will market the book through its sales division.

Arts in Institutions

The Arts Endowment continues to support model arts residencies in institutions. These projects enable the Arts Endowment to maintain a broad array of access programs that demonstrate excellence, and serve as a model to potential developments of every kind of access in the localities of our nation.

The 1985 activities report mentioned the Special Constituencies Office's work with the Veterans Administration to establish a musician-in-residence at the Mountain Home Veterans Medical Center in Johnson City, Tennessee. Musician Kathy Wallenbarger completed her first year with the help of Arts Endowment funding. It is heartening to report that she has been hired by the V.A. Medical Center as a full time employee to continue her comprehensive music programs with the patients.

This project is one of six pilot programs to provide arts opportunities to patients in Veterans" hospitals.

PROGRAM ACCESSIBILITY

Program Evaluation Workbook

During this reporting period, the special Constituencies Office produced the *Program Evaluation Workbook* which is a companion piece to the *Arts and 504 Handbook* that the Select Committee on Aging received with last year's report. The workbook is an in-house instrument to help cultural organizations evaluate their existing programs and services in terms of access. Questions in the workbook are cross-referenced to the handbook to assist the reader in locating information on how to achieve accessible programs. For example, the workbook asks: "Can a visually impaired person participate in your programs as staff, performer, audience member, visitor, or volunteer?" With regard to visual arts programming, the workbook refers the reader to the *Arts and 504 Handbook* for information on large-print labeling for mounted artwork and brochures, as well as the proper height to display pictures so they may be comfortably viewed by everyone. A similar question concerning the participation of people who have difficulty hearing at performing arts programs refers the reader to information on audio-amplification systems.

More than 9,000 workbooks were distributed to grantees through the 56 state arts agencies.

Model Projects

To further increase the awareness of the arts community and assist them with access for special constituencies, the Office for Special Constituencies continues to develop model demonstration projects with the Endowment's Programs. These unique grants are offered to grantees for the purpose of developing, implementing, and documenting ways to make their existing programs more available to special constituencies, both as audiences and participants. Project results are shared with grantees through presentations at national and local meetings of arts groups, as well as in various arts publications. The dissemination of the results of model projects has proven to be one of the most effective methods of helping arts organizations with program accessibility.

INTER-ARTS PROGRAM

During FY 1986, the Inter-Arts Program awarded a total of $75,000 to eight of its presenting organizations grantees for model efforts. For example:

—The Annenberg Center of the University of Pennsylvania is expanding its access services to make theater programs more available to people with visual impairments. They are developing an audio description system that will provide live narration of actions, body language, costumes, etc., through a small ear phone worn by audience members who are visually impaired.

—The Sangre de Cristo Arts and Conference Center in Pueblo, Colorado, is working with area nursing homes, retirement residences and health care centers to develop audiences with greater numbers of older people. The Center is setting up a transportation system for older people to attend their programs, and developing an extensive public relations campaign that includes special events to introduce this targeted audience to their activities.

—The Greater Ashland Foundation in Ashland, Kentucky, will hire an older adult who will direct an audience development program for special constituencies. The project includes a newsletter informing older and disabled people about their activities, providing accessible transportation, and reduced ticket prices.

MUSEUM PROGRAM

The model project begun last year by the National Trust for Historic Preservation, through support from the Arts Endowment's Museum Program, has far exceeded our expectations. A series of two-day workshops on making programs and facilities more available to older visitors and those with disabilities was hosted by historic sites in Massachusetts, South Carolina, Louisiana, Illinois, Pennsylvania and Virginia. A total of 107 site managers and other staff, representing more than 300 historic sites from 14 states, attended the workshops that were completed in February 1986.

The participating sites were invited to apply for mini-grants to implement access plans that grew out of the workshops. Eight sites received a total of $15,000. For example:

—The Old Sturbridge Village in Massachusetts produced a large-print map guide of the museum's exhibition areas so that it might be read by visitors who have visual impairments. This guide has proven to be so popular that the museum has decided to eliminate its small print brochure and use the large print version exclusively.

—Cliveden, a country estate in Philadelphia, Pennsylvania, designed a self-guided tour of its property to assist hearing and visually impaired visitors in touring the estate. In developing the tour, the need for a ramp was identified and it was installed.

This project is the first major effort—on a regional or national basis—to educate historic sites on this important subject. In the past, historic sites have associated access with high costs and changes that might destory the historic integrity of their buildings. As a direct result of this landmark effort, site managers are developing creative solutions and discovering that accommodations for people with impairments actually make sites more accessible to everyone.

This unprecedented audience development effort has proven so successful that the National Trust is planning to conduct a workshop series at historic sites in the Western states.

ARTS ENDOWMENT FUNDING

The Arts Endowment supports programs in the media, design, literary, visual and performing arts that involve people of all ages. In addition, many activities funded by the Arts Endowment specifically address older Americans. The following are examples of these projects and fellowships as listed under the Arts Endowment Program providing the grant:

PROGRAM SUMMARY OF NATIONAL ENDOWMENT FOR THE ARTS

Design Arts

Ecumenical Association for Housing in San Rafael, CA, is gathering information on the practicality of combining housing for non-traditional family units with a system of shared services. Such households as those with a single parent, a working couple, or older adults might benefit from housing that has easily available services—cooked meals, maintenance help, child care, and health care. The research includes study of architectural design, financial and contractual requirements, and land use/zoning for housing with services. The results will be documented in a slide presentation and book for interested groups, and individuals.

Constance Smith in West Hempstead, New York, received a design fellowship to redesign some of the components of an existing automobile so that people with arthritis might operate it comfortably and safely.

Expansion Arts

Carpetbag Theatre, Inc., in Knoxville, Tennessee, developed a training program for aspiring senior actors who create dramatic works based on their own feelings and life experiences.

Catamount Film and Arts Company in St. Johnsbury, VT, is conducting workshops in the visual arts for older and other special constituency artists, and exhibiting their works.

Dance Exchange, Inc., in Washington, D.C., is expanding its programs of "Dancers of the Third Age", a professional qualify company of older adults, to present concerts, classes, and workshops in dance throughout the Metropolitan area.

Opus, Inc./Arts and the Aging in Hartford, Connecticut, provides performances and residencies by professional, older Connecticut artists in non-traditional settings.

A city-wide exhibition and performance of works produced through the residencies is planned.

Folk Arts

Jewish Y's and Centers of Greater Philadelphia in Philadelphia, PA, held a "Celebration of Jewish Folklife" that highlighted the folk artistry of senior adults. It featured art forms such as *ketubah* (marriage contract), calligraphy, *tallit* (prayer shawl) weaving and knotting, *shofar* (ram's horn) carving, traditional food preparations and cantoral and secular singing.

National Heritage Fellowships were awarded to thirteen master traditional artists whose work has been characterized by "authenticity, excellence, and signficance within a particular artistic tradition." The recipients are generally older Americans who have developed their art over a lifetime.

Inter-Arts

California Institute of Technology in Pasadena, CA, is focusing its outreach work on Pasadena's minority communities, older individuals, and children to develop larger audiences for its performing arts programs.

Hospital Audiences in New York City presents arts programming in nursing homes and senior centers throughout New York City.

The Center on Arts and Aging/National Council on the Aging in Washington, D.C., continues to provide information, consultation and technical assistance to professionals in the arts and in aging fields. The Center offers opportunities for older persons to participate in the arts as creators, audiences, volunteers and patrons, and builds opportunities for artists to work within a variety of settings with older adults. This Center includes the NCoA Gallery Patina which exhibits older artists' work and presents noon-time programs featuring older artists reading poetry, dancing, singing in choral groups, etc.

The Exploratorium in San Francisco, CA, is developing outreach programs for older adults and those with hearing impairments to encourage greater participation in the museum's programs and activities.

Locals Program

The Memphis Arts Council in Tennessee is administering a new neighborhood outreach program called "Inter Visions". It includes the "Comedy Clinic" program that is co-sponsored by the Retired Senior Volunteers. Working with a cast of older people, actress Dottie Royster conducts participatory comedy skits in senior centers throughout Memphis.

The Salt Lake City Arts Council in Utah is conducting a neighborhood outreach program that is targeted to older members of the community. Forty local arts organizations, including Ballet West and the Utah Symphony, provide free admission and present programs in nursing homes and senior centers.

Museum Program

Henry Street Settlement in New York City provides a community arts program for local school children and older citizens. The interpretive gallery program includes workshops, tours, lectures and demonstrations.

The Center for African Art in New York City is conducting educational and outreach programs for school groups, older citizens, and others. These include museum tours, slide presentations, opportunities to handle objects, and workshops.

Music

Charlotte Symphony Orchestra in Charlotte, North Carolina, is providing an educational program, and community concerts in North and South Carolina. This educational program will be expanded to reach new audiences in a 12-county radius of Charlotte. The community concerts take place in senoir centers, churches, and business facilities.

Fort Wayne Philharmonic in Fort Wayne, Indiana, has four ensembles that present concerts in schools, parks and senior centers.

Jazzmobile, Inc., in New York City, presented a concert on April 29, 1986, to celebrate the issuance of a U.S. postage stamp commemorating the 87th birthday of the late Edward Kennedy "Duke" Ellington. Co-sponsored with Ms. Ruth Ellington and hosted by Douglas Fairbanks, Jr., the presentation took place at the Cathedral of

Saint John The Divine, the 1986 premiere site of Mr. Ellington's second Sacred Concert. Dr. Billy Taylor served as Musical Director.

Saint Paul Chamber Orchestra in Minnesota presents the Friday Morning Concert Series, both in the concert hall and at neighborhood locations; the series is designed to reach older people.

Santa Barbara Symphony in Santa Barbara, California, presents a Sunday matinee series and concert previews that are targeted to reach older persons and other special constituencies.

The Bismark Junior College in North Dakota presented community concerts during its 13th annual February festival, "Jazz Celebration", at senior centers, schools and in two rural communities.

The Senior Musicians Orchestra in New York City presents a series of concerts in senior centers and community auditoriums in New York and Long Island. The orchestra musicians are all 65 years of age and older, and most are veterans from major symphony orchestras.

Opera-Musical Theater

OPERA America, Inc., in Washington, D.C., continues its Special Constituencies Technical Assistance Program to help its membership with audience development for older adults and people with disabilities. This program includes direct assistance and a mini-grants program to assist opera companies with access projects.

Visual Arts

Visual Artists Fellowships were awarded to artists working in crafts, sculpture and photography. The grants are given to help support the creative development of professional artists by enabling them to set aside time, purchase materials, and pursue their work. Older artists receiving the fellowships include:

Mr. Ronald Bladen of New York City for sculpture.
Mr. John Prip of Rehoboth, Massachusetts for crafts (metal).
Mr. Peter Voulkos of Oakland, California for crafts (clay).
Ms. Dana Andrews of Chevy Chase, Maryland for crafts (fiber).
Mr. John Coplans of New York City for photography.

ITEM 24. NATIONAL ENDOWMENT FOR THE HUMANITIES

December 2, 1986.

Dear Senator Heinz: I am pleased to enclose a report summarizing the major activities for or about the aging supported by the National Endowment for the Humanities in fiscal year 1986. I am confident that throughout the current fiscal year the Endowment will continue to support a variety of activities of particular interest to older Americans or that bear on aging as an issue.

I hope that you and your committee will find this material useful. Please let me know if we can be of any further assistance.

Sincerely,

Lynne Cheney, *Chairman.*

Enclosure.

Report on Activities Affecting Older Americans in 1986

I. THE MISSION OF THE ENDOWMENT

The Endowment was established by Congress to encourage and support scholarship in history, literature, philosophy, and other disciplines of the humanities and to foster education in and public understanding and appreciation of these fields of knowledge. NEH awards grants to organizations and individuals whose work in the humanities is judged, on the basis of proposals submitted to the Endowment and after a rigorous process of review, to be of exemplary quality and central significance. The agency does not set aside fixed sums of money for work in any discipline or for any particular area of the country or group. As a result, there is no grant program at NEH specifically for senior citizens; nor is there a funding category within the agency expressly designed to support the study of aging or the elderly. Rather, projects for or about senior citizens may recive support through the full range of Endowment programs.

Although the Endowment does not have programs specifically related to aging, NEH-supported books, lectures, exhibitions, programs for radio and televison, and educational opportunities for adult learners help bring the humanities to senior citizens. In addition, a number of scholars, sixty-five or older, each year receive NEH funding to conduct research in the humanities, while others assist the Endowment by serving on grant review panels or as expert evaluators.

II. NEH ADMINISTRATIVE ACTIVITIES CONCERNING THE ELDERLY

In order to ensure that older Americans would have access to Endowment funds and programs, the Endowment in 1979 published in the FEDERAL REGISTER its proposed regulations under the Age Discrimination Act of 1975. As a result of this publication, comments on the proposed regulations were received and considered. Preliminary approval of proposed NEH regulations has been received from the Department of Health and Human Services. The Justice Department is currently considering revisions in the regulations that govern implementation of Title VI or the Civil Rights Act of 1964. When these changes have been made by the Justice Department, the Endowment's Equal Opportunity Office will publish the proposed NEH regulations in final form and invite public comment.

In the fall of 1980, NEH, the National Endowment for the Arts, the Administration on Aging, and the White House Conference on Aging staff developed a Memorandum of Understanding, outlining long-term, comprehensive programs of cooperation in matters relating to the humanities, the arts, and aging. The Endowment also sponsored a mini-conference on the use of the humanities by the elderly in February 1981, and Endowment staff attended the December 1981 White House Conference on Aging.

NEH supports research on conditions in the humanities, including studies that provide a wide range of demographic data on individuals who have earned an advanced degree in the humanities. These studies are an important source of information about older Americans who are or have been members of the professoriate or one of the professions. Since 1977, for example, NEH has supported the Survey of Doctorate Recipients, which gathers data on the characteristics and career patterns of persons who have received a PH.D. in the humanities. This data base includes the salaries and type and location of employment of all persons who have received a doctorate degree within the last forty-two years.

III. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS

Applications for NEH funding are evaluated by peer panels and specialist reviewers, Endowment staff, the National Council for the Humanities, and the Chairman of the agency. Only those applicants whose proposals are judged to be among the best submitted are awarded grants. However, anyone may apply for NEH support and no one is barred from receiving a grant because of age. Each year numerous projects are funded involving older persons as primary investigators, project personnel, or consultants. Sidney Hook and Cleanth Brooks, recent Jefferson Lecturers and recipients of the federal government's highest honor for scholarship in the humanities, are merely the most conspicuous recent exemples of the many older Americans who have received NEH awards.

The Endowment's support for the work of older scholars is particulary evident in the Division of Research Programs. Of course, this is no more than a reflection of the special strengths that many of the most senior scholars bring to research in the humanities. Often, these scholars possess a depth and breadth of knowledge that are unique. In several cases, older scholars are receiving NEH support to continue long-term, collaborative research projects that they have directed and sustained over a period of many years.

Several examples of grants awarded during fiscal year 1986 to well-known and widely respected scholars, sixty-five years of age or older, illustrate the general excellence of NEH-supported research currently being done by older Americans:

—$52,000 that will enable William A. Wallace to continue work on a critical edition of two works of St. Thomas Aquinas: his commentary on *III Sentences* of Peter Lombard and his work *On Spiritual Creatures*.

--$120,000 that will enable Frederick Burkhardt to produce an edition of the correspondence of Charles Darwin and an edition of the works of the American philosopher William James.

—$100,000 that wil enable John K. Fairbank to complete volumes 14 and 15 (1949–1980) of *The Cambridge History of China*.

—$253,902 that will enable Frederick Cassidy to continue work on the *Dictionary of American Regional English*, a resource work on the regional and folk usages of speakers of English of the entire United States.

—$62,000 that will enable Wayland Hand to produce the first volume of the *Encyclopedia of American Popular Beliefs and Superstitions.*

Older Americans also participated in NEH programs by serving as grant review panelists or specialist reviewers. Germaine Bree, Kenan Professor of the Humanities at Wake Forest University, and Albert Hofstadter, Emeritus Professor of Philosophy at the University of California at Santa Cruz, are among the distinguished scholars, sixty-five years of age or older, who contributed their services in this way during 1986.

In some cases, older Americans without scholarly training have contributed to Endowment-sponsored projects by providing invaluable information. For example, several NEH-supported projects to document or preserve the unique cultures of Native American peoples are heavily indebted to older tribal members for their resources of memory and understanding. In fiscal year 1986, the University of Oregon received $55,328 to study Klamath, an American Indian language of the American Northwest, and to conduct fieldwork among surviving Klamath speakers; and the University of Arizona received $266,000 to compile a bilingual dictionary of the Hopi language.

Of course, the Endowment has its greatest impact among older Americans when they read books, attend public programs, or participate in educational activities made possible by an NEH grant. Many of the projects funded in the Division of Education Programs, and all of the activities supported by NEH to increase understanding of the humanities among the general public, reach large numbers of older persons.

Continuing Education.—Many institutions of higher education offer a variety of means by which adult learners, including older persons, may pursue a lifelong education without enrolling in regularly offered undergraduate courses. Because continuing education programs typically are offered in the local community at sites such as public libraries or conducted at home via correspondence, such programs may be particularly well suited to the needs of older persons wishing to advance their understanding of the humanities.

In fiscal year 1986, NEH, through the Education Division, awarded seven grants totaling nearly $512,338 for projects to benefit non-traditional learners. These grants will help improve the quality of education or decrease the unit cost of instution at institutions, such as colleges, libraries, and museums, that already have programs for non-traditional learners. As in all Endowment programs, projects for adult learners supported through the Education Division are intellectually substantive and thoroughly grounded in the scholarship of the humanities.

Humanities Projects in Media.—Television productions supported by the Endowment, such as "American Short Story", "Life on the Mississippi", "Roanoak", or "Cathedral" are ideal for older people who cannot or prefer not to leave their homes. Humanities radio programming supported through the Media Program is particularly well suited to the needs of elderly persons who, because of visual handicaps, might have limited access to the humanities in other media. For example, in fiscal year 1986 the Endowment awarded a $125,000 grant for "Soundings" a weekly series of 52, thirty-minute radio programs featuring discussions with scholars on recent research in the disciplines of the humanities.

Specific information on media programs and any adjunct material produced are provided to organizations working for special groups, including the elderly. For many elderly people confronting problems such as impaired vision and reduced mobility, these Endowment-funded media programs not only provide access to the humanities but also help precipited stimulating dialogue with other.

Humanities Projects in Museums and Historical Organizations.—In this program, the Endowment is making an effort to reach the elderly by encouraging museums or historical organizations receiving federal funding to waive entrance fees for senior citizens and others on certain days.

Humanities Projects in Libraries.—By sponsoring reading and discussion programs for adults in public libraries, the Endowment through this program is helping to make intellectually stimulating activities available to senior citizens in their local communities.

IV. EXAMPLES OF NEH GRANTS AFFECTING OLDER AMERICANS

Since fiscal year 1976, the Endowment has awarded approximately $3.0 million to the National Council on Aging for its Senior Center Humanities Program. Throughout a network of over 1,200 sites participating in this project, volunteer leaders guide small groups of senior citizens though active, in-depth discussions of the work of prose writers, poets, artists, philosophers, scholars, and critics. Senior Center Humanities Program staff prepare and distribute thematically organized anthologies and ancillary instructional materials and provide training and technical assistance to discussion leaders.

In fiscal year 1986, the National Council on Aging received $242,114 from the Endowment to add two new units to the Senior Center Humanities Program anthology series, to establish new resource centers and assist existing ones, and to develop a training video for discussion leaders. The two anthology units that are being developed are: *The Family, The Courts and The Constitution*, which will involve both old and young in the study of the Constitution and in the commemoration of the bicentennial of the signing of that document, and *The West of the Imagination*, an exploration through history, literature, geography, and art of the idea of the frontier in American life. In the fall of 1986, participants in these discussion programs had an opportunity to supplement their experience by viewing the public television series "The West of the Imagination", which was produced by some of the same personnel as those who developed the anthology unit.

During the past fiscal year, the Endowment made a number of other awards for projects designed, in whole or in part, to inquire into aging-related issues, to make available materials or activities of interest to the elderly, or to use the elderly as a resource. For example, in fiscal year 1986 the Endowment provided:

—$79,986 to the East Tennessee Historical Society to support a reading and discussion group program at senior citizen centers in 15 countries of eastern Tennessee. Participants will read selected books on recent American history and hear lectures by scholars from the University of Tennessee and project staff.

—$34,721 to the Massachusetts Library Association to conduct a series of reading and discussion programs based on books and themes developed by the American Library Association. The series will reach several targeted audiences, including the elderly and adults in isolated communities throughout the state.

—A summer stipend of $3,000 to support research on French attitudes toward aging and the aged in the eighteenth century.

—A travel grant of $500 to support research on elders in the American South and the history of old age.

V. STATE PROGRAMS AND THE AGING

The State Programs Division of the Endowment makes grants to humanities councils based in the fifty states, Puerto Rico, the District of Columbia, and the Virgin Islands. These councils, in turn, competitively award grants for humanities projects to institutions and organizations within their state. State humanities councils have been authorized to support any type of project that is eligible for support from the Endowment, including educational and research projects and conferences. The special emphasis in state programs, however, is to make focused and coherent humanities education possible in places and by methods that are appropriate to adults.

Examples of state council-funded projects for older Americans or about aging-related topics are presented below.

Connecticut (Connecticut Humanities Council): Through a grant to the Connecticut State Department on Aging, a scholar-in-residence produced a resource guide entitled, "Humanities for Older Adults." The guide contains listings and descriptions of films, video and audio cassettes, slide programs, exhibits, self-study units, a speakers directory, and a listing of programs offered by museums and libraries. The guide has been published by the Traveler's Insurance Company and distributed to centers for the elderly and to public libraries. As a result of this project, the Connecticut Department on Aging has created a full-time position for the scholar to coordinate humanities programs for senior citizen centers throughout the state.

Minnesota (Minnesota Humanities Commission): For the fourth year the College of St. Scholastica in Duluth sponsored "Emeritus College: Humanities Education for Senior Citizens". In 1986, 15 six-week courses in history, philosophy, literature, art history, and other humanities disciplines were offered, all specifically designed for older adults. These popular classes were presented in senior citizens centers, churches, and other accessible buildings in Duluth and two neighboring cities, as well as on the campus of the College.

New Hampshire (New Hampshire Council for the Humanities): In order to convey significant ideas of major philosophers to elderly audiences, the New England College Elderhostel developed two reading and discussion series to be conducted in retirement communities. The program is premised on the assumptions that older people are more likely to attend programs held near their homes and that rich but short readings are best suited for the diverse audiences attending such programs. The "Philosophical Discussions for the Elderly" project presented five programs focusing on such texts as Aristotle's *Nichomachean Ethics* and Mill's *On Liberty*. More than 200 people participated in the five courses.

New Jersey (New Jersey Committee for the Humanities): As a means of implementing the Council's decision to focus programming on key issues in American literature, the New Jersey council initiated six pilot series of reading and discussion programs in settings such as retirement communities and senior citizens resource centers. Each series is based on a theme, such as "Family Ties" and "Readings in American Poetry", and is led by humanities scholars.

South Dakota (South Dakota Committee on the Humanities): Five 1-day workshops were sponsored by the South Dakota State Veteran's Home. The participating humanities scholars from a variety of disciplines offered discussion topics on Christmas traditions from abroad and their transferal to America, facts and values of the Great Depression, the impact of hunting and trapping in the Black Hills, and the heritage of Lakota Indians. Each program included extensive audience discussion.

ITEMS 25. NATIONAL SCIENCE FOUNDATION

NOVEMBER 25, 1986

DEAR MR. CHAIRMAN: Your letter of September 26, 1986, to the Director of the National Science Foundation (NSF) was referred to me since this Directorate supports much of NSF's research on aging.

I am pleased to report on the activities of NSF related to aging and the concerns of the elderly. As the enclosed report states, NSF does not have any programs directed specifically toward questions of aging. The Foundation does, however, support basic and applied research projects that have both direct and indirect relevance to this important area of national concern through its regular research support programs. Such projects have received support primarily from the Bioengineering and Research to Aid the Handicapped Program in NSF's Directorate for Engineering and from three divisions of the Directorate for Biological, Behavioral, and Social Sciences.

If you would like additional information, please do not hesitate to call on me.

Sincerely,

DAVID T. KINGSBURY, *Assistant Director.*

Enclosure.

REPORT FOR DEVELOPMENTS IN AGING

The National Science Foundation, an independent agency of the Executive Branch, was established in 1950 to promote scientific progress in the United States. The Foundation fulfills this responsibility primarily by supporting basic and applied scientific research in the mathematical, physical, environmental, biological, social, behavorial and engineering sciences, and by encouraging and supporting improvements in science and engineering education. The Foundation does not support projects in clinical medicine, the arts and humanities, business areas or social work. The National Science Foundation does not conduct laboratory research or carry out education projects itself; rather, it provides support or assistance to grantees, typically associated with colleges and universities, who are the primary performers of the research.

The National Science Foundation generally is organized along disciplinary lines. None of its programs has a principal focus on aging-related research, although a substantial amount of research bearing various degrees of relationship to aging and the concerns of the elderly is supported across the broad spectrum of the Foundation's research programs. Virtually all of this work falls within the purviews of the Directorate for Biological, Behavioral, and Social Sciences and the Directorate for Engineering.

DIRECTORATE FOR BIOLOGICAL, BEHAVIORAL, AND SOCIAL SCIENCES

The research projects supported by this directorate are designed to strengthen scientific understanding of biological, and social phenomena. Research is supported across a spectrum ranging from the fundamental molecules of living organisms to the complex interaction of human beings and societal organizations. These projects are supported by five research divisions covering approximately 32 research programs. Virtually all the Directorate's current research relevant to aging is being conducted in its Divisions of Cellular Biosciences, Behavioral and Neural Sciences, and Social and Economic Science.

Division of Cellular Biosciences

This division supports research designed to provide answers to long-standing biological questions concerning how plants, animals and microorganisms grow, reproduce, and function; and how life processes are initiated, regulated, controlled, expressed, and integrated at the level of the gene, cell and organism. This division has no projects on aging humans, but does support some work relevant to aging that employs animal and plant models. For example, a study supporting research on the abscission (shedding) of leaves will provide basic information on the aging process through an examination of the role of enzymes in senscence at the cell level.

Division of Behavioral and Neural Sciences

Research supported by this division advances understanding of the biological, environmental and cultural factors that underlie the behavior of human beings and animals, with an explicit emphasis on nervous system structure and function. A number of studies related to aging have been supported in this division in the past year. A project using an animal model investigates memory loss in aging, studying possible chemical intervention to alleviate memory loss in the neural substrate. Another study examines retention of knowledge in humans, focusing on the characteristics of information which result in long or short term retention. A third project also focuses on memory in humans. It is studying preservation of and changes in ballads, which are retained only in oral memory by elderly singers.

Division of Social and Economic Science

This division focuses primarily on expanding fundamental knowledge of how social and economic systems work. Attention is centered on organizations and institutions, how they function and change, and how human interaction and decision-making take place. The Division supports the collection of large sets of data, such as national surveys, that might be used by many investigators, as well as the research projects of individual scientists. Most of the work supported by this division has indirect, rather than direct, relevance to aging and the concerns of the elderly. For example, this division supports the operations of the Committee on National Statistics of the National Academy of Sciences. A panel of this Committee is concerned with "Statistics for Policy Analysis for An Aging Population," which has working groups focusing on health and related issues, and on improvement of data resources for policy analysis in this area. Another large data set is provided by the Panel Study of Income Dynamics, which is building a data series covering the entire life-cycle of a nationally representative sample of American households.

A number of individual projects supported during the past year will concentrate on economic aspects of aging. Topics to be studied include: interfamily and intergenerational transfer of income; the operation of tax deferred savings and their relation to pensions and retirement; private pension plans and the age of retirement; and allocation of resources, including non-monetary, within families. Studies in the economic and social sciences have impact in leading to an understanding of aging and in guiding public policy concerned with the elderly.

DIRECTORATE FOR ENGINEERING

The National Science Foundation's Directorate for Engineering seeks to strengthen engineering research in the United States and, as appropriate, focuses some of that research on areas relevant to national goals. This is done by supporting projects across the entire range of engineering disciplines and by identifying and supporting special areas where results are expected to have timely and topical applications.

All aging-related research supported by this directorate is through its Bioengineering and Research to Aid the Handicapped Program. Most of this work is indirectly related to issues of aging and the elderly—its relevance derives from the increased propensity for the elderly to develop physical handicaps. Examples of projects funded by this program include studies of: neural control of excretory function; bone and joint degeneration and restoration; speech recognition and hearing as applied to a deaf/hearing telephone system; neurophysiological control of artificial limbs; and neural regeneration in the vertebrate central nervous system. While not specifically directed toward conditions prevalent in old age.

ITEM 26. OFFICE OF CONSUMER AFFAIRS

DECEMBER 12, 1986.

DEAR SENATOR HEINZ: In response to your request, I have enclosed the "Report of Activities of the United States Office of Consumer Affairs During Fiscal Year 1986 Relating to Older Consumers."

My office is pleased to have the opportunity to contribute to the Committee's Annual Report on Aging. I am keenly aware of the problems, needs and concerns of our elderly consumers. In Fiscal Year 1987, my office is expanding its activities to provide even greater assistance to elderly consumers.

Sincerely,

VIRGINIA H. KNAUER,
Special Adviser to the President for Consumer Affairs
and Director, U.S. Office of Consumer Affairs.

Enclosure.

ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING FISCAL YEAR 1986 RELATING TO OLDER AMERICANS

The Director of the United States Office of Consumer Affairs (OCA) is Virginia H. Knauer, who is also Special Adviser to the President for Consumer Affairs. The President has also designated Mrs. Knauer as the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Mrs. Knauer directs consumer affairs activities at the Federal level. OCA provides the staff and administrative support to carry out these responsibilities.

OCA encourages and assists in the development and implementation of programs dealing with consumer issues and concerns; advises agencies on the effectiveness of their consumer programs; exchanges views with business and industry officials by encouraging the development of voluntary employment, consumer protection and information programs; serves as the focal point for the coordination and standardization of Federal complaint handling efforts; works to improve and coordinate consumer education at the local, state and Federal levels; and cooperates with state and local government agencies, and voluntary consumer and community organizations in the delivery of consumer services and information materials.

The major activities focus on voluntary mechanism, marketplace innovations, consumer education and information, and conferences to exchange information and develop dialogs. OCA activities also focus on helping state and local government units and consumer and community groups to deal with issues affecting consumers.

Highlighted below are major activities having the greatest impact on older Americans.

OUTREACH

OCA coordinated efforts between the Administration on Aging and the Department of the Treasury to have the Older Americans Month slogan and date announced on May Social Security check envelopes. OCA also contacted businesses and trade associations to encourage them to plan programs, activities and exhibits in celebration of Older Americans Month.

To better respond to the needs of hearing-impaired consumers, OCA installed a Telecommunications Device for the Deaf (TDD) Machine. In addition to providing the *Consumer's Resource Handbook*, OCA is able to refer callers to the most appropriate Federal agencies to get their problems resolved and responses to their questions.

OCA will be offering a Video News Release on Holiday Shopping Tips to 800 television stations throughout the country. Offered free of charge, the approximately 120 second feature discusses important topics such as: When Is A Sale Not A Sale?, Return Policies, and Good General Information on How to Protect Themselves During the Rush of Holiday Buying. The OCA Director will be interviewed.

MEETINGS AND CONFERENCES

The OCA Director and staff met with representatives of aging constituency organizations to underscore the Administration's concern for the elderly and seek their support and views on policies which impact on the elderly.

OCA organized and hosted the first meeting of the Direct Marketing Clearinghouse Task Force on November 13, 1985. With direct marketing being identified as a major consumer problem, the Task Force meeting addressed the need for greater communication and information sharing on consumer problems in the direct marketing industry. The consumer affairs director of the American Association of Retired Persons provided information on the problems that older consumers experience in making mail order purchases. In addition to OCA, Task Force members represent The National Association of Consumer Agency Administrators, National Association of Attorneys General, Direct Marketing Association, Council of Better Business Bureaus, Food and Drug Administration, Federal Trade Commission and U.S. Postal Service. A second meeting was held May 1, 1986 in Chicago. The Task Force is planning its third meeting to be held October 2 in New York City.

OCA's Associate Director for Special Concerns participated in the National Council on the Aging's Annual Conference which was held last April in Washington. Our *Consumer's Resource Handbook* was distributed to the 3,000 attendees.

OCA participated in the American Association of Retired Persons' Biennial Convention which was held May 27-29 in Anaheim, California.

OCA's Associate Director for Special Concerns provided consumer information and distributed materials to the participants at the June 12-14 National Caucus and Center on the Black Aged Conference.

OCA provided support for the June 21 Consumer Fair which was held in Plainfield, New Jersey. OCA's General Counsel was a speaker at the Fair which was sponsored by Congressman Matthew Rinaldo.

Also last June, the OCA Director keynoted the Annual College Days Conference sponsored by the University of Maryland Cooperative Extension Service. The lay audience of approximately 250 Maryland consumers was largely comprised of senior citizens who are volunteer leaders in their local communities. The conference theme was "As Consumers, You Can Make a Difference." Among the issues addressed were several areas of marketplace fraud to which the elderly are particularly vulnerable, such as telemarketing and commodity fraudulent schemes. The audience was challenged to seek out information about issues impacting on consumers, convey their concerns to policy makers at all levels, and share their expertise with other consumers through their leadership roles in community organizations.

OCA, in cooperation with the Council of Better Business Bureaus, is sponsoring a conference focusing on "The New Role of the States in the Marketplace." The conference will be held December 3, at the Capital Hilton Hotel in Washington. The issues to be addressed include: Product Safety and Labeling, Financing Services and Local Telephone Rate Deregulation. These and other issues are of special interest to older consumers.

ENERGY

The National Energy and Againg Consortium's February 26-28 Fourth National Conference focused on "Building Partnerships for the Future of Our Aging Society." OCA's Associate Director for Special Concerns chaired the program planning committee and edited the conference proceedings. Over 250 attended the conference which addressed the following issues: Technological Advances in Housing and Appliances, Public Policy Implications of Recent Trends in Energy and Aging, Model State Energy and Aging Consortium and How to Start Them, Energy Problems of Social Service Providers, New Developments in Preventing Energy Related Health and Safety Problems and Exemplary Programs in Aging. OCA was a founding member and consponsored the Consortium's first two conferences in Washington, D.C. and Seattle in 1982.

In recognition of her contribution in calling national attention to the energy-related health problems of the elderly, the OCA Director was presented an Award of Distinction by the National Energy and Aging Consortium. The Award was presented at a special reception on February 26 at the Cannon House Office Building.

OCA is cooperating with the Center for Environmental Physiology, American Gas Association and the Administration on Aging in establishing local model projects as part of the National Education Campaign on Hypothermia and Heat Stress. Participating cities include: Cleveland, Philadephia, Buffalo, Albany, Syracuse, Los Angeles, Milwaukee, Erie, Pennsylvania, Chicago and St. Paul. Local model projects are also operating in Alabama, Oklahoma, Rhode Island and Indiana. The OCA Director presented "Warm Heart Awards" to representatives of organizations having exemplary hypothermia educational programs. The Awards Reception was sponsored by the Center for Environmental Physiology and was held at the Capitol.

OCA continues to work with the Food and Drug Administration and the American Society for Testing and Materials on developing standards for low-reading thermometers which measure hypothermia. OCA's Director of Policy Analysis participates in meetings of the Subcommittees on Electronic Thermometers and Mercury-in-glass Thermometers.

CONSUMER ISSUES

Health Warnings

OCA supported S. 1574, the "Comprehensive Smokeless Tobacco Health Education Act of 1986," which was signed into law by President Reagan to inform the public of the dangers linked to the use of smokeless tobacco. Smokeless tobacco is used by approximately 10 million Americans and is thought to be carcinogenic. Through uniform labeling of all forms of smokeless tobacco products, a ban on radio and TV advertising, and a comprehensive education program, the Act helps to protect all Americans, both old and young, from a dangerous health hazard.

Banking and Credit

OCA opposed H.R. 1197 and H.R. 3408, two bills that would have amended the Truth in Lending Act to limit the rate of interest which may be charged on credit card accounts. The bills would have permitted governmental interference in a situation in which a competitive environment would best serve consumers, including the elderly. OCA pointed out that comparing apparently high credit card interest rates to other loan rates is not helpful to an understanding of the fairness of card rates, because credit cards carry greater risks to lenders. Moreover, credit card fraud contributes significantly to credit card losses and, therefore, may lead to higher rates. OCA indicated that wider dissemination of information on comeptitive rates and fees might be helpful to consumers. OCA recommended that, before Congress takes drastic action with respect to card rates, banking regulatory agencies conduct an extensive review of bank credit card operations to determine whether any legislation is warranted.

OCA supported, in part, the *Fair Deposit Availability Act of 1984*. While OCA has favored voluntary discolsure of bank check hold policies, this Act presented the most sensible legislative solution to the problems of delayed funds availability encountered at some banks. OCA supported the provisions of the Act that would have required disclosure of bank check hold policies, payment of interest on interest-bearing accounts no later than the time at which the institution receives provisional credit on a deposit, and preferential treatment of checks drawn on the U.S. Treasury. These requirements would help to protect the elderly from the inconveniences associated with delays in funds availability.

OCA supported the *Fair Credit Card Act of 1986*, which would have required increased disclosures for credit card solicitations. Under the Act, credit card solicitations or advertisements mailed to the consumer would have been required to disclose the annual percentage rate, the existence or non-existence of a "grace" period, and the annual fee or other charges applicable to the card. Likewise, charge card solicitations or advertisements mailed to the consumer would have had to disclose the annual fees or other charges applicable to the card, and would have to state that charges incurred are payable upon receipt of a periodic statement. OCA believes that this information is fundamental to the consumer's ability to make informed choices among credit card providers and certainly would eliminate confusion among the elderly about the terms of the many credit card and charge card solicitations typically received in the mail.

Mrs. Knauer wrote an article for the *Detroit Free Press* on the financial services industry in which she discussed legislative and regulatory developments at the state and Federal levels and identified new financial products and services. Citing a survey conducted by the American Association of Retired Persons in which 49% of the respondents found choosing a bank account or other financial service more confusing now than it was 5 years ago, Mrs. Knauer urged consumers and the financial services industry to work together to ensure that new developments are widely accepted and understood.

Lease and Lease Purchase Agreements

OCA supported the objectives of the *Consumer Lease and Lease-Purchase Agreement Act*, which would have provided more meaningful disclosure of the terms of leases and lease-purchase agreements for personal property. In addition, the Act would have facilitated better comparison shopping and assured accurate advertising of agreement terms. The Act would have ensured that all consumers of leases and lease-purchase agreements are provided with basic, important information with which to make their leasing decisions.

Automobile Theft

Mrs. Knauer wrote an article for the *Detroit Free Press* identifying initiatives needed to combat auto theft and urging consumers to take steps to protect themselves from becoming victims of this serious crime. This information benefits the elderly by informing them of the preventive measures they should take to thwart auto thieves.

Complaint Handling

Products and services that do not meet expectations are problems for all consumers, but particularly older consumers. To find out what has happened in consumer complaint handling since OCA's landmark national study in the mid-70's, OCA announced the results of the *Consumer Complaint Handling in America Update Study* that found government agencies and businesses have signficantly improved their performance in handling consumer complaints. The *Update* looked at developments in consumer complaint handling by business, government agencies and voluntary groups since the mid-70's landmark study *Consumer Complaint Handling in America*. The earlier study has been credited with revolutionizing complaint handling practices in companies as diverse as General Electric, American Express, General Motors and Coors Beer. It is expected that the *Update* will have the same positive impact on complaint handling as the original study.

The *Update* recommends more integrated approaches to complaint handling, more concentration on proven cost-effective strategies such as toll free numbers, and gives high priority to correcting root causes of consumer problems. In carrying out the recommendations of the study, OCA has held workshops for Federal consumer complaint handlers that focused on implementing the *Update* recommendations and correcting the identified weaknesses in Federal agencies' complaint handling systems.

OCA is working with the Society of Consumer Affairs Professionals (SOCAP) and the Wharton School of Finance on a pilot study promoting a series of graduate school seminars targeted to business executives. These seminars would use the *Update's* findings and recommendations to demonstrate the benefits and advantages of a proactive cost-effective complaint handling system. Improvements in complaint handling processes and efforts to correct root causes of marketplace problems are especially important and helpful to elderly consumers.

INFORMATION AND EDUCATION

Consumer News, OCA's monthly newsletter, carries articles of general interest to consumers. The following articles were of special interest to elderly consumers.

October.—Announced the Federal Trade Commission's guidelines on how the Funeral Rule should be implemented.

November.—Announced the National Energy and Aging Consortium's Conference which will be held February 26–28, 1986 at the Washington Plaza Hotel in Washington, D.C.

December.—Announced the availability of the *Don't Be A Fall Guy Guide* which discusses how to prevent winter slip and fall accidents; how to safely walk and fall on ice; and the benefits of deicers. It was published by Dow Chemical U.S.A. *Consumer News* also announced the availability of USOCA's updated "Report on the Dangers of Hypothermia."

January.—Announced that the Bureau of Alcohol, Tobacco and Firearms has set new limits on the use of the terms, "non-alcoholic" and "alcohol-free" in malt beverage labeling and advertising. Starting immediately with new products, and beginning April 1, 1986 for present ones, drinks labeled "non-alcoholic" must show on the label or in the advertising that the product contains less than 0.5 percent alcohol. Products with a "alcohol-free" label must not have any alcohol. OCA also announced that the Bureau issued a final rule requiring the labeling of alcoholic beverages that contain the artificial sweetener saccharin. The new labels state: "Use of this product may be hazardous to your health. This product contain saccharin which has been determined to cause cancer in laboratory animals.

February.—Announced the availability of the Department of Transportation's publication, "Fly Rights" which gives consumers tips on how to avoid being bumped, what to do if bumped, and covers such topics as baggage liability, smoking, delayed or canceled flights, and airline fares. *Consumer News* also discussed the Food and Drug Administration and the Council of Better Business Bureau's report on "Weight Loss Promotions."

March.—Discussed the results of a Federal Trade Commission study which stated that State laws which allow lower-priced generic prescription drugs to be sold in place of leading brands resulted in savings of $44 to $80 million in 1980. The report said, however, that substitution in that year occurred only seven percent of the time. Based on the report and the changes that have taken place since then, the report says that savings from generic drugs last year were in the neighborhood of $130 to $236 million. *Consumer News* also announced that 30 new drugs, chemically different from any other, were approved by the Food and Drug Administration in 1985.

April.—Announced that the States and U.S. territories had received $2.1 billion from Exxon Corporation to be used for energy conservation and low-income energy assistance programs. The payment was made as a result of oil overcharge penalties levied by the Department of Energy.

June.—Announced the availability of the publication, "Choosing A Credit Card" which was published by OCA and the American Institute of Certified Public Accountants. *Consumer News* announced that the Food and Drug Administration has approved Digibind, an antidote for life-threatening overdoses of digoxin which is commonly prescribed heart drug. *Consumer News* also announced the availability of *Walking for Exercise and Pleasure* which gives suggestions on how far and how fast an individual needs to walk to get the best results.

July.—Discussed the Food and Drug Administration's advice to consumers on how to protect themselves from product tampering. FDA advises consumers to check for broken seals or lids on bottles and signs of breakage, discoloration on capsules. *Consumer News* also announced the availability of a booklet on health care fraud entitled, *Health Claims: Separating Facts From Fiction.*

August.—Discussed the National Institute on Aging's device on how to prevent heat stress. Announced that the Food and Drug Administration has banned the use of sulfites as a perservative for fruits and vegetables in restaurants and supermarkets salad bars.

September.—Discussed Social Security scams and encouraged citizens to seek accurate information on Social Security benefits form their local office.

OCA will update the *Consumer's Resource Handbook* which contains a section on aging and refers to other sections in the *Handbook* of interest to the elderly such as health care, Social Security, and veterans affairs. The state and local directory section lists government offices responsible for coordinating services for the elderly. The *Handbook* will also include a "Federal Directory of TDD Numbers" for use by the hearing impaired. The *Handbook* will be published and distributed to aging organizations and state and area agencies on aging.

NATIONAL CONSUMERS WEEK

OCA coordinated National Consumers Week which was held April 20-26. The President and many Governors and Mayors issued proclamations and community classes, workshops, contests, exhibits and displays were held throughout the country. Many of the activities addressed issues of interest to the elderly. OCA is coordinating 1987's National Consumers Week which is scheduled for April 19 through 25. The theme is "Consumers Celebrate the Constitution."

INTRAGOVERNMENTAL ACTIVITIES

Committees

OCA was represented on the following committees which have a special impact on the elderly:

The National Energy and Aging Consortium is a network of 50 government, aging and private sector organizations which have joined together to help the elderly cope with rising energy costs.

The Information and Referral Consortium on Aging is a network of government, aging and private sector organizations which provide information about and develop programs which strengthen information and referral systems throughout the country.

Executive Order

The OCA Director is designated by the President to be the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Executive Order 12160—the Consumer's Executive Order—is a directive to Federal agencies to institute consumer programs which are effective and responsive to the needs of consumers. This action is a logical progression from the Consumer Representation Plans of the seventeen Executive Branch departments and agencies developed in 1976.

The Order addressed the problems of citizens in achieving adequate participation in government decision making processes. For example, agencies are required to develop information materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constituent group which should be reached with information. Under the Order, agencies must ensure that groups such as the elderly are being reached.

ITEM 27. PENSION BENEFIT GUARANTY CORPORATION

DECEMBER 12, 1986.

DEAR MR. CHAIRMAN: I am pleased to submit the attached report in response to your letter of September 26, 1986. As requested, our report reviews the Pension Benefit Guaranty Corporation's activities on behalf of older Americans during Fiscal Year 1986.

Thank you for giving us the opportunity to report on our programs and services on behalf of the elderly.

Sincerely,

KATHLEEN P. UTGOFF, *Executive Director.*

Attachment.

PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation (PBGC) is a Federal Government agency created under Title IV of the Employee Retirement Income Security Act of 1974 (ERISA). Nearly 40 million Americans—one out of every four workers—rely upon the PBGC to protect their pensions.

Through its insurance programs, the PBGC bears the unique responsibility of ensuring the retirement income, and thereby the financial security, of millions of American workers. In carrying out this mission, the agency acts on behalf of these people, and particularly on behalf of current and future elderly Americans, virtually on a daily basis.

OPERATIONS

The PBGC administers two insurance programs covering most tax-qualified, private sector defined benefit pension plans. One of these programs guarantees the payment of basic retirement benefits in the event of the termination of an insured single-employer plan; the other program guarantees the payment of basic retirement benefits under an insured multiemployer plan which is insolvent and unable to pay such benefits. The PBGC guarantee is effected through financial assistance to such multiemployer plans.

The PBGC's single-employer pension plan termination insurance program currently covers approximately 30 million participants of about 110,000 defined benefit plans.

In Fiscal Year 1986, the PBGC paid approximately 94,000 participants about $270 million annually in benefits, and was obligated to pay another 130,000 people (deferred vested participants) when they become eligible for benefit payments in the future. The vast majority of these people were participants in single-employer plans, but some had been participants in multiemployer plans terminated prior to the enactment in 1980 of the multiemployer amendments to ERISA, which instituted the financial assistance program.

The PBGC's single-employer plan insurance program was substantially changed by legislation enacted in April 1986 that amened ERISA. This legislation, the Single-Employer Pension Plan Amendments Act of 1986 (SEPPAA), restricted the circumstances under which an employer may seek to terminate a plan, improved benefit protection for participants in terminating plans, and increased the employer's liability to the PBGC and to the plan participants if the plan being terminated is underfunded.

In general, under SEPPAA, a pension plan must be better funded than was required under prior law if the employer who maintains that plan intends to terminate it. This funding must be adequate to pay the plan's "benefit commitments," i.e., nonforfeitable benefits, including early retirement supplements or subsidies and plant closing benefits, whether or not guaranteed. If the plan is not adequately funded, then it may not be terminated unless the employer (and each substantial member of its controlled group) first satisfies at least one of four specified financial distress tests.

SEPPAA also established new procedural requirements for plan termination by the plan's sponsor. These requirements are intended to ensure that plan participants have sufficient advance notice of the plan's intended termination that they may take any necessary steps to protect their interest under the plan. Additional requirements for standard terminations ensure that participants are fully informed of their benefit entitlements under the plan. In cases of distress terminations, SEPPAA imposed liability on plan sponsors on behalf of plan participants for unfunded nonforfeitable benefits not guaranteed by the PBGC, and increased the sponsor's liability to the PBGC for unfunded guaranteed benefits.

Since the enactment of ERISA in 1974, the PBGC has received a total of over 73,000 valid notices of single- and multiemployer plan terminations, of which about 7,000 were received in Fiscal Year 1986. Prior to SEPPAA's passage, about 98 percent of all terminating plans had sufficient funds to pay all guaranteed benefits. Experience under SEPPAA is too limited at this time to predict whether this percentage will continue to prevail, but it is expected that the vast majority of terminating plans will continue to be sufficiently funded.

During Fiscal Year 1986, the PBGC became trustee of 135 terminated plans. This resulted in a total of over 1,200 plans in PBGC-trusteeship as of the end of the fiscal year, with nearly 200 more potential trusteeships pending.

The PBGC's multiemployer pension plan insolvency insurance program covers approximately 8.5 million participants in about 2,500 plans. Under this program, the PBGC provides financial assistance to multiemployer pension plans that lack sufficient funds to pay benefits when due. Under statutory amendments enacted in 1980, insolvent multiemployer plans are obligated by ERISA to undergo a reorganization, which includes restructuring benefits and employer contributions, in an attempt to recover a sound financial footing. These plans are required to repay the Corporation for its financial assistance, if possible. As of the end of the Fiscal Year 1986, the PBGC had loaned approximately $5.3 million, after repayments, to five multiemployer plans. Of the total amount, the PBGC loaned $2.1 million during Fiscal Year 1986 alone.

SIGNIFICANT ACCOMPLISHMENTS

The PBGC undertook a number of actions in 1986 to protect plan participants, particularly retirees, and also to protect the insurance program's ability to protect workers in the future.

The PBGC found it necessary to seek the immediate termination of one of four troubled LTV Corporation (LTV) pension plans, in order to protect benefit payments under that plan. The plan, which covered about 9000 salaried employees of the former Republic Steel Corporation (now part of LTV), had an unfunded liability for PBGC-guaranteed benefits of approximately $250 million. This ranks as one of the largest losses from a single plan termination in the PBGC's history. In terms of losses from a single plan sponsor, this claim is exceeded only by the Wheeling-Pittsburgh Steel Corporation's estimated unfunded liability of $498 million. The PBGC moved in late September 1986 to terminate LTV's Republic Retirement Plan because the plan did not have sufficient funds to make its required October benefit payments. At the time of termination, the plan had only $7,700 in assets with which to pay $2 million in monthly pension obligations. Despite the size of the loss, prompt action by the PBGC ensured that plan participants continued to receive their benefits without interruption.

In other action, the PBGC filed claims totalling approximately $667 million against Wheeling-Pittsburgh in bankruptcy court. The variety and, in some cases, novelty of these claims (*e.g.*, employer liability, fiduciary liability, liability for breach of minimum funding standard, liability for contractual breach, liquidation value of preferred stock assets, liquidated damages for unpaid compensation) demonstrated the Administration's resolve to end abuses of the pension system. In the PBGC's view, the magnitude of Wheeling-Pittsburgh's pension liability resulted from negotiated pension promises that were not backed by contributions to the pension plans. The company used the money that should have been contributed to the pension plans to suport itself prior to its entry into bankruptcy proceedings. As a result, Wheeling-Pittsburgh dumped its pension obligations onto the PBGC and its premium payers.

Fiscal Year 1986 also witnessed several major rulings in litigation involving the PBGC. One such case concerned the implementation guidelines jointly issued by the PBGC and the Departments of the Treasury and Labor governing plan terminations in which an employer recovers excess plan assets. In this case, the PBGC won a significant ruling by a U.S. District Court in which the Court supported the PBGC's refusal to recognize a plan termination that would return excess assets to an employer (Interco Incorporated) without providing full annuities to the plan participants. In so doing, the Court upheld the PBGC's power to assure the security of participants' benefits in such transactions. In part, the Court found that ". . . the PBGC's actions in this case promote the Congressional policies behind ERISA."

In another case before a U.S. District Court, involving the Wheeling-Pittsburgh Steel Corporation, the PBGC opposed Wheeling-Pittsburgh's attempt to discontinue its obligations to its pension plans through rejection in bankruptcy court rather than through the appropriate procedures required under Title IV of ERISA. The PBGC's action further clarified an employer's obligation to its pension plans covered under the PBGC's insurance programs and thereby protected the interests both of participants in such plans and of the premium payers who support these insurance programs.

One other court ruling bears mentioning. In this case, the U.S. Supreme Court unanimously affirmed the constitutionality of the withdrawal liability provisions of the Multiemployer Pension Plan Amendments Act of 1980. The PBGC views this ruling, in which the Court recognized the need for applying fiscally sound insurance practices to the multiemployer pension insurance system, as a major victory for union workers and an historic step toward protecting promised pension benefits for American workers and their families.

CONCLUSION

The PBGC was created to protect the pensions of the millions of Americans, both working and retired, who participated in pension plans that promise a specific retirement benefit. In fulfilling this purpose, however, the agency frequently must confront and resolve complex legal, financial, and socioeconomic problems.

One problem, in particular--the growing underfunding of private pension plans—now threatens the PBGC's ability to protect the pensions of the elderly. Over the 12 years of the PBGC's existence, the funded status of those plans that have taken advantage of PBGC benefit guarantees has deteriorated, placing ever greater pressure on an already overburdened insurance program.

During the Corporation's early years, from fiscal year 1975 through fiscal year 1978, PBGC premium funds were needed to pay 45 percent of guaranteed benefits in plans trusteed by the PBGC. That percentage increased to 53 percent during the period 1979 through 1982, and to 62 percent for 1983 through 1985. At the same time, the average amounts of underfunding increased dramatically, from $300,000 per plan in 1975 through 1978 to $3.5 million in 1983 through 1985.

Plan underfunding has led to the PBGC's current financial crisis, in which the accumulated deficit of the single-employer program has grown to more than $2 billion. Plan underfunding continues to be a problem, as illustrated by a single example, that of LTV.

LTV, which filed for protection under the Bankruptcy Code in July 1986, has approximately $2.2 billion in unfunded guaranteed benefits under three remaining LTV steel pension plans. These benefits represent obligations to about 100,000 plan participants. The underfunding of these LTV plans, if they were terminated, would more than double the PBGC's current deficit. Furthermore, annual benefit payments to LTV plan participants, only, would be more than the PBGC's total annual premium revenues under its single-employer program.

In pursuing passage of legislation over the past few years, the PBGC sought to correct the weaknesses that it had identified in its single-employer insurance program. The legislation enacted in fiscal year 1986 was intended to minimize program abuse, and at the same time encourage the maintenance and continuation of voluntary defined benefit pension plans, and assure the timely and uninterrupted payment of pension benefits to participants and beneficiaries of PBGC-insured plans.

Continuing events have shown that the reform legislation is not sufficient to secure the agency's future. Substantial financial burdens have been undertaken, with other burdens looming in the near future. The PBGC's own financial crisis now poses a serious threat to the future of this agency's insurance programs. Payments to current retirees are not at risk, and there is sufficient time to make the necessary changes. But the need for changes cannot be ignored.

Much work, including further reforms, remains to be completed before the PBGC's insurance programs, an essential element of the Government's safety net, can be considered financially secure. The PBGC and the administration are currently engaged in developing the means to accomplish this goal.

Despite mounting problems, the PBGC continues to carry out its mission, to protect the present and future financial security of aging and elderly American workers, efficiently and effectively while seeking ways to further improve its operations.

ITEM 28. POSTAL SERVICE

NOVEMBER 19, 1986.

DEAR MR. CHAIRMAN: This is in response to your September 26 letter to Postmaster General Preston R. Tisch, requesting the submission of the Postal Service's annual contribution to the Committee's publication *Developments in Aging.*

The Postal Service is pleased to have the opportunity to report on its activities which are designed to assist and benefit older Americans. The enclosed narrative identifies these efforts as well as the activities of the Postal Inspection Service, particularly in the area of mail fraud investigations, which prevent the elderly from being the victims of crime.

Sincerely,

WILLIAM T. JOHNSTONE.

Enclosure.

PROGRAMS AFFECTING OLDER AMERICANS

CARRIER ALERT

Carrier Alert is a voluntary Postal Service program whereby city and rural delivery letter carriers keep a watchful eye our for elderly or infirm customers. During fiscal year 1986, this program continued to expand to additional communities throughout the nation.

This program was formally initiated in 1982 in cooperation with the National Association of Letter Carriers and with the assistance of the American Red Cross, the United Way, and the Administration on Aging in the Department of Health and Human Services. Rural letter carriers became actively involved in the program in 1985. Through Carrier Alert, elderly or handicapped individuals may register with a local sponsoring organization, such as the Red Cross or a local council on the aging, to have their letter carrier watch for an accumulation of mail in their mailboxes that may signal something could be wrong. The Postal Service reports the mail accumulation followup action.

Now in its fifth year as an established program, Carrier Alert has proven quite popular and has, on numerous occasions, resulted in dramatic rescues of critically ill or disabled individuals. The reassurance to the elderly and their loved ones that someone will take notice if something might be wrong is a less publicized benefit of the program.

The need for continuation of Carrier Alert increases as the population of older Americans rises. Essential to the local establishment of Carrier Alert is the support of a local service agency. Customers interested in participating must register through that agency, which accepts the responsibility to call for emergency assistance and to notify relatives of the participant if necessary. A postal customer can learn whether Carrier Alert is available in his or her community by calling the local postmaster's office.

CONSUMER PROTECTION WEEK

The Postal Service has sponsored an annual Consumer Protection Week since 1977. Promotion and publicity kits containing materials for speeches, news releases, and public service announcements, are prepared and distributed to postmasters who warn their communities about mail fraud and misrepresentation of products and services sold by mail. Since medical fraud and work-at-home schemes have traditionally ranked at the top of fraudulent promotions, the focus of the materials distributed has frequently been directed toward alerting the elderly to such schemes. During fiscal year 1986, post offices in the 25 largest metropolitan areas expanded their Consumer Protection Week activities to include "Consumer Fairs," where postal customers could consult postal inspectors and other postal officials about wary offers.

The Postal Service has also jointly published a brochure on medical fraud with the Food and Drug Administration (FDA) and participated in a Washington conference on that subject sponsored by the FDA.

STAMPS BY MAIL

Stamps-by-mail is a useful and popular program among urban and suburban postal customers, especially for elderly and handicapped individuals. Postage stamps and stamped envelopes may be ordered and purchased by all city delivery customers without making a trip to the post office.

A customer need only complete Form 3227 (an envelope order form), enclose a personal check for the amount of postage, and either drop it in a collection box or give it to a carrier. No postage is necessary and no fee is charged for this service. The stamps normally are delivered within 3 days to the customer's mailbox. The minimum order is a book of stamps. Forms may be obtained from letter carriers or by calling the local delivery unit and requesting that the form be delivered to the residence. Similar service has been provided for many years to postal customers served on rural delivery routes. Rural carriers sell stamps and provide many other postal services to their customers.

DELIVERY POLICY

The Postal Service has had a long-standing policy of granting case-by-case exceptions to delivery regulations based upon hardship or special need. This policy continues in effect and is used to accomodate the special needs of elderly, handicapped, or infirm customers who are unable to obtain mail from a receptacle located any distance from the home and who do not have a neigbhor or relative to assist them. Information on hardship exceptions to delivery regulations can be obtained from the local postmaster.

FEDERAL ACCESSIBILITY STANDARDS

The Postal Services makes all newly constructed postal facilities accessible to physically handicapped persons. In fiscal year 1986, the Postal Service completed approximately 430 new postal customer service buildings. All of these facilities are accessible to handicapped customers. In April 1986, the Postal Service adopted interim standards for existing buildings to require that such buildings leased by the Postal Service after January 1, 1977, be accessible to physically handicapped persons. A review of existing leased postal facilities covered by these standards is underway to determine the appropriate action necessary for each facility. The Postal Service is continuing its efforts to retrofit on a case-by-case basis older buildings not covered by accessibility standards.

MAIL FRAUD AND MAIL THEFT INVESTIGATIONS

Since many senior citizens live alone and are limited to fixed incomes, shopping by mail provides a convenient way for them to obtain products and services with a minimum of effort. Unfortunately, they are also attractive targets for those few individuals who operate mail order swindles. Through mail fraud and misinterpretations of products and services, these unscrupulous promoters not only cheat the public but also damage the reputation of the legitimate mail order industry.

There are several types of fraudulent promotions which, by their nature, tend to focus on the elderly. One of the most prevalent is the work-at-home scheme. A senior citizen who is living on a fixed income and seeking the means to supplement his or her income may be enticed by an advertisement which promises enormous earnings while working from the convenience of the home. The scheme begins with the promoter requiring an initial fee, typically from $5 to $25, before information about the plan will be supplied. The fraud continues as a pyramid operation, whereby the consumer involves others in the scheme, resulting in funds being generated to the promoter and not the respondents.

Many senior citizens worry about illness and being unable to pay for medical expenses which Medicare will not cover. Health insurance which is supposed to pick up where Medicare leaves off is available. Many such policies, however, offer inadequate coverage or coverage which may not be appropriate for the individual. Simply put, there are some insurance salesmen who will sell any type of insurance to any customer, regardless of the needs of the individual.

Individuals approaching retirement or those already retired may respond to what appear to be attractive land sales deals. The promise of a warmer climate, low down payments, and easy monthly installments appears enticing until the purchaser discovers that the land is located in an isolated or unsuitable area or in a desert wasteland and cannot be resold for even a fraction of the price paid.

Another fraud perpetrated against the elderly is the mail order sale of worthless pills, nostrums, and devices which promise to rid the aged of needless suffering.

Probably the cruelest of these medical frauds are those which offer hope for the cure of cancer, diabetes, and other major illnesses.

The ailments and afflictions that are a part of aging will leave the elderly looking for a magical cure to alleviate arthritic pain, restore lost vigor, and improve impaired sight or hearing. These pills and devices have often not been tested by medical authorities, are not efficacious, and could even be injurious to one's health.

In an effort to heighten public awareness to mail fraud and other postal-related crimes, the Postal Inspection Service maintains a cadre of postal inspectors across the country trained as Crime Prevention Specialists. Working with Federal and State agencies and consumer groups, one of their missions is to educate and inform the public. Each year they work with the media, appearing on hundreds of television and radio interview programs and preparing articles for numerous newspapers and magazines. They give presentations at health fairs, community action groups, and several national prevention conferences emphasizing the need for consumer action as well as awareness in fighting crime. They respond to special requests, often from senior citizens, regarding specific problem areas. One creative Division of the Inspection Service has instituted a Mobile Prevention Unit in which inspectors tour neighborhoods having a large elderly population spending several hours answering questions and distributing reading material. This plan may be adopted nationwide. Each year the Postal Service issues television and radio spots and magazine public service announcements aimed at mail fraud. The 1986 advertisements emphasized false representation, specifically in work-at-home schemes, medical fraud, and faulty products. These subjects are especially relevant to the elderly.

The Postal Inspection Service has worked closely with the Food and Drug Administration (FDA) and the Federal Trade Commission (FTC) to alert and educate the public to various fraudulent medical products which frequently target the elderly as their intended victims. For example, the Inspection service, FDA, and FTC jointly participate in a project where information regarding questionable health products and promotions is exchanged between their offices and various state and local consumer affairs offices. The forum for this sharing of information is the "Health Products and Promotions Information Exchange Network" sponsored by the National Association of Consumer Agency Administrators. Additionally, in the fall of 1986, the Inspection Service further cooperated with the FDA and FTC in the area of medical fraud by participating in workshops at the national convention of the Regulatory Affairs Professional Society.

In the spring of 1986, the Postal Inspection Service participated in a convention sponsored by the National Council on Aging. At a display booth, the Inspection Service highlighted various types of fraud schemes which target the elderly. Representatives of the service also participated in workshops which furnished information concerning a variety of fraud schemes.

Despite the existence of such preventive efforts, the number and variety of mail fraud schemes ensure that some people will continue to become victims of mail fraud promotions. In dealing with this, the Post Service uses a two-pronged attack. Criminal prosecution is possible under the Mail Fraud Statute—title 18, U.S. Code, section 1341—which provides penalties of up to 5 years in prison and a $1,000 fine for those who use or cause the mails to be used to further a fraudulent scheme. Second, and perhaps more importantly for the consumer, the Postal Service can take action under the civil False Representation Statute—title 39, U.S. Code, section 3005. This statute permits the Postal Service, following a full, due process hearing before an administrative law judge, to return to the sender all mail addressed to a promotion whose advertisements soliciting remittances by mail are proven to contain false representations. In addition, the Postal Service may request the U.S. District Court in the area where the promotion receives its mail to issue a temporary restraining order to stop the delivery of mail to that promotion until the administrative law judge renders a decision.

Another crime which strikes the elderly hard is mail theft. Many poor and elderly Americans depend upon the receipt of a monthly check in the mail as their sole source of income. It is these individuals who suffer the most when their checks do not arrive as scheduled. Each year the Postal Service delivers hundred of millions of Treasury and State and local benefit checks. Although the number stolen in relation to the number mailed is minute, the Postal Inspection Service still considers this a significant problem and recognizes the impact this crime has on the victim, particularly on elderly persons who are dependent upon the checks for subsistence. The Postal Service also delivers millions of personal and commercial checks and other valuable items such as savings bonds, money orders, credit cards, and food stamps, all of which are appealing targets for mail thieves.

On the crime prevention side, the Postal Service and the Department of the Treasury developed a message to be displayed on Treasury check envelopes which provided information on protecting one's mail. This mailing reached over 30 million Federal benefit recipients. In addition, two slide presentations, *Protecting Your Mail* and *Fraud By Mail*, have been developed and are being shown by Crime Prevention Specialists to the public. A Postal Service booklet, *A Consumer's Guide to Postal Crime Prevention*, has been updated to include new information. It furnishes tips to consumers on how to avoid being victimized by a variety of fraudulent schemes and mail theft. This book also includes the addresses of Inspection Service Divisions across the country.

A series of investigative programs to combat the problem of mail theft is also in place. Postal inspectors cooperate with the U.S. Secret Service and local police in investigating the forgery of checks believed to have been stolen from the mail and work with officials of check issuing agencies to improve procedures for the prompt charge-back of checks and referral of information whenever theft from the mails is suspected. The Postal Service has encouraged the development of better photo and signature identification cards and has enlisted the assistance of public housing authorities concerning the installation and maintenance of more secure mail receptacles and mailrooms.

ITEM 29. RAILROAD RETIREMENT BOARD

December 11, 1986.

Dear Mr. Chairman: In response to your letter of September 26, 1986, we are enclosing a report summarizing the U.S. Railroad Retirement Board's program activities for the elderly during fiscal year 1986.

We look forward to your committee's report on "Developments in Aging: 1986."

Sincerely,

Beatrice Ezerski, *Secretary to the Board.*

Enclosure.

U.S. Railroad Retirement Board

The U.S. Railroad Retirement Board is an independent agency in the executive branch of the Federal Government. The Board's primary function is to administer comprehensive retirement-survivor and unemployment-sickness benefit programs for the Nation's railroad workers and their families, under the Railroad Retirement and Railroad Unemployment Insurance Acts. In connection with the retirement program, the Board has administrative responsibilities under the Social Security Act for certain benefit payments and railroad workers' Medicare coverage.

Because of its experience with railroad benefit plans, the Board in recent years has been given administrative responsibility for certain employee protection measures provided by other Federal railroad legislation.

BENEFITS AND BENEFICIARIES

During fiscal year 1986, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled more than $6.5 billion. Retirement and survivor benefit payments amounted to $6.3 billion, an increase of $79 million over the same period 1 year earlier. Unemployment and sickness benefit payments totaled $186 million, an increase of $10 million from the preceding fiscal year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1986, totaled 941,000. The majority (82 percent) were age 65 or older. At the end of the fiscal year, 419,000 retired employees were being paid a regular annuity averaging $730 a month, about $34 higher than a year earlier. In addition, 201,000 of these employees were being paid a supplemental railroad retirement annuity averaging $48 a month. Nearly 225,000 spouses and divorced spouses of retired employees were receiving an average annuity of $316 a month at the end of fiscal 1986. Of the 308,000 survivors on the rolls, 271,000 were aged widow(er)s receiving an average annuity of $472 a month. Some 824,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the Medicare program at the end of fiscal 1986. Of these, 809,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to 128,000 railroad employees during the fiscal year. However, only about $0.5 million (less than 1 percent) of the benefits went to individuals age 65 or older.

FINANCIAL CONDITION

The Railroad Retirement Solvency Act of 1983, Public Law 98-76, significantly improved the financial condition of the railroad retirement system. Since then, the Railroad Retirement Account has accumulated a reserve of about $4 billion, and the system's funding is considered adequate to assure payment of all benefits due during the balance of this century.

Given the continuing decline in railroad employment, the system may require further financial amendments to assure adequate funds during the next century. In the Board's most recent actuarial report to Congress, a majority of the Board members recommended consideration of an increase in payroll taxes to provide for the system's solvency in the next century. The President has since recommended a 1.5 percent increase in the tier II payroll tax rate effective January 1, 1987, as a prudent course to follow in order to forestall financing problems in the future.

LEGISLATION

The Balanced Budget and Emergency deficit Control Act of 1985, known as the Gramm/Rudman/Hollings Act, Public Law 99-177, enacted December 12, 1985, included measures affecting railroad retirement beneficiaries. The Act required decreases in the vested dual benefit payments of almost one-third of the nearly 1 million annuitants on the Railroad Retirement Board's rolls, suspension of the January 1986 cost-of-living increase in the tier II portions of railroad retirement annuities, and reductions in railroad unemployment and sickness benefits.

On October 21, 1986, shortly after the end of the 1986 fiscal year, the Omnibus Budget Reconciliation Act, Public Law 99-509, was enacted, precluding Gramm/Rudman/Hollings Act sequestrations during the 1987 fiscal year. The railroad retirement and unemployment/sickness benefits which had been reduced under the Gramm/Rudman/Hollings law in the 1986 fiscal year were restored to previous levels in October 1986. Vested dual benefits were permanently exempted from any sequestration in future years, and tier II cost-of-living increases were exempted from sequestration for 5 years through the fiscal year ending September 30, 1991. Tier I railroad retirement benefits, which approximate Social Security benefits, and tier I cost-of-living increases had not been subject to sequestration.

In addition, the budget reconciliation law eliminated the previous requirement that the Consumer Price Index (CPI) increase by at least 3 percent before a Social Security or railroad retirement tier I cost-of-living increase can be provided. Beginning January 1987, a cost-of-living increase can be paid even when the CPI rises by less than 3 percent.

The budget reconciliation law also limited the Medicare inpatient hospital deductible to $520 for calendar year 1987. This deductible, which approximates the cost of 1 day's care in a hospital, had previously been scheduled to rise to $572.

Public Law 99-272, enacted April 7, 1986, included changes in Internal Revenue Code provisions increasing income taxes on some railroad retirement annuities.

The Code was amended so that the tier I portion of a railroad retirement annuity, which is treated as a Social Security benefit for federal income tax purposes, will be limited for tax purposes to amounts equivalent to Social Security benefits. Primarily affected are tier I early retirement benefits payable between ages 60 and 62 and some occupational disability benefits that will now be treated like private pensions, rather than like Social Security benefits. The Internal Revenue Code amendment is effective in taxable year 1986, and will be reflected in tax information statements issued by the Board in 1987.

Public Law 99-272 also included provisions increasing certain taxes on railroad employers to repay loans from the Railroad Retirement Account to the Railroad Unemployment Insurance Account. The 1983 Solvency Act has set a temporary unemployment insurance fund loan repayment tax beginning July 1, 1986, at a 2 percent rate with increases of 0.3 percent a year until 1990. The amended schedule provides a 4.3 percent rate on wages up to $3,500 beginning July 1986, 4.7 percent in calendar year 1987 on wages up to $7,000, 6 percent in 1988, 2.9 percent in 1989 and 3.2 percent on wages up to $5,250 in 1990. The temporary tax expires on September 30, 1990.

In addition, Public Law 99-272 provided an automatic unemployment insurance surtax on rail employers of 3.5 percent on annual wages up to $7,000, in the event further borrowing from the Railroad Retirement Account is necessary. The surtax will be in effect for a calendar year if any new unemployment insurance loans are not repaid with interest by the preceding September 30.

OFFICIALS

During the 1986 fiscal year, President Reagan reappointed C.J. Chamberlain Labor Member of the Board. The appointment was confirmed by the Senate on May 21, 1986. Mr. Chamberlain was first appointed to the Board in October 1977 and later reappointed for a 5-year term beginning August 1979. The 1986 reappointment is for a term ending in August 1989. Prior to his first appointment to the Board, Mr. Chamberlain served as President of the Brotherhood of Railroad Signalmen and as Chairman of the Railway Labor Executives' Association.

Shortly after the beginning of the fiscal year, President Reagan appointed William J. Doyle III the first Inspector General of the Board. Mr. Doyle is responsible for promoting economy, efficiency, and effectiveness and for detecting any waste, fraud, or abuse in the programs and operations of the Board. Before his appointment, Mr. Doyle had served as Inspector General for ACTION, the national Federal volunteer agency and as Executive Assistant to the Administrator of the Law Enforcement Assistance Administration at the Department of Justice. He has also served as Acting Director for the Office of Mortgage Compliance at the Department of Housing and Urban Development and as Deputy Director of the Office of Compliance and Enforcement, Price Commission, Executive Office of the President.

ITEM 30. SMALL BUSINESS ADMINISTRATION

DECEMBER 8, 1986.

DEAR MR. CHAIRMAN: I am pleased to respond to your request of September 26, 1986, for the Small Business Administration's submission to your Committee report, *Developments in Aging*.

The Service Corps of Retired Executives, composed of volunteer retired business executives with self-administered chapters across the United States and its possessions, plays a vital role in the Agency's delivery of technical assistance and counseling services to potential businesspersons and the small business community as a whole. SBA's Office of Civil Rights Compliance, through its enforcement of the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B (12 CFR 202), and the Age Discrimination Act of 1975, protects the interests of older persons with respect to eligibility, treatment, and consideration for services, benefits, and credit from SBA and its recipients.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

CHARLES L. HEATHERLY, *Acting Administrator.*

Enclosure.

INTRODUCTION

The Small Business Administration makes direct loans and guarantees loans made by banks and other financial institutions to small concerns; provides management and technical assistance to firms receiving SBA financial assistance and to other small concerns; licenses and regulates small business investment companies, a source of equity and venture capital assistance for small concerns; and provides procurement assistance to help small concerns in buying from and selling to the Federal Government.

SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)

The Small Business Administration established a volunteer program called the Service Corps of Retired Executives (SCORE) in 1964. This group is composed of volunteer retired business executives—men and women who have had a lifetime of varied business and professional experience and who are willing to share their knowledge and experience with others. SCORE provides a confidential person-to-person business advisory relationship. Through indepth counseling and training, owners and managers receive help in identifying basic management problems, determining their cause, and becoming better managers by finding viable solutions. SCORE services are available to almost all small, independent business, not dominant in their field, as well as to persons contemplating entry into a new venture. During fiscal year 1986, 12,700 SCORE volunteers counseled 127,717 clients, and assisted in training another 124,214 clients. This free service of the Small Business Administration is quite frequently vital to the survival of the small business. SCORE volunteers are members of over 400 locally organized, self-administered chapters. Although services are provided without charge to the client, volunteers are reimbursed by the Agency for out-of-pocket expenses. SCORE volunteers are benefited by the sense of satisfaction which comes when one contributes his or her knowledge to help others.

OFFICE OF CIVIL RIGHTS COMPLIANCE

The Office of Civil Rights Compliance of the SBA has the responsibility to ensure that the Agency, its recipients and subrecipients of financial assistance do not discriminate on the basis of race, color, religion, marital status, sex, age, handicap, or national origin in business, credit policies, or services to the public. Specifically, with respect to older persons, the Office of Civil Rights Compliance monitors and enforces the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B, which prohibits discrimination on the basis of age in credit, and the Age Discrimination Act of 1975 which prohibits discrimination on the basis of age in the delivery of services to the public. During fiscal year 1986, tho Office of Civil Rights Compliance visited 649 small business recipients and subrecipients of SBA's financial assistance to assure compliance with these Acts. Compliance was found to be good in all cases.

ITEM 31. VETERANS' ADMINISTRATION

December 23, 1986.

Dear Mr. Chairman: I am pleased to respond to your request for a report of the Veterans Administration's activities on behalf of older persons for the calendar year 1986.

The VA has developed a high quality system that provides health care for more than 50,000 elderly veterans every day. Meeting the medical needs of older veterans constitutes the current greatest challenge to the VA.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

Thomas K. Turnage, *Administrator.*

Enclosure.

I. Introduction

For one large group in the American population—America's veterans—the aging phenomenon or "geriatric imperative," and the changing needs which accompany it, is not a matter for future speculation. The Veterans Administration is dealing with a beneficiary population whose average age is increasing much faster than that of the population in general. In 1980, the proportion of veterans 65 and over was approximately the same as that in the general population. By 1990, it will be double the general population rate, and by 2000, nearly triple that rate.

The VA has the responsibility to meet the health, human services, and income maintenance needs of eligible veterans. If faces a much larger aged component in its population much sooner than does the Nation as a whole.

This fact presents a challenge to the VA—how to distribute its resources to meet the very different needs presented by an older population. Moreover, this challenge carries with it a responsibility—to develop and demonstrate effective approaches to the care of older veterans which can be observed and adapted by society at large as the general population ages.

The VA has been aware for some time of the special opportunity and special responsibility it has as a result of the aging of its client population. Over the past decade, VA researchers and clinicians have been at the forefront of the developing field of gerontology and geriatrics—the study of aging and the care of the aging members of a population, respectively. VA's gerontology research and training programs are a primary national resource preparing physicians and other health workers to deal with the problems of the aging. Special projects and individual VA medical center initiatives have developed and tested a variety of innovative, medically sound programs for meeting the needs of older persons. These programs have provided care in both institutional and community meetings, often in cooperation with non-VA caregivers, educators, and researchers.

The VA's health care system includes acute medical, surgical and psychiatric inpatient and outpatient care; extended hospital, nursing home and domiciliary care; non-institutional extended care; and a range of special programs and professional services for elderly veterans in both inpatient and outpatient settings.

The VA operates the largest health care system in the Nation, encompassing 172 hospitals, 117 nursing home units, 16 domiciliaries, and 226 outpatient clinics. Veterans are also provided contract care in non-VA hospitals and in community nursing homes, with fee-for-service visits to non-VA physicians and dentists for outpatient treatment, and with support for care in 50 States Veterans Homes and 3 annexes in 35 States. As part of a broader VA and non-VA network, affiliation agreements exist between virtually all health care facilities and nearly 1,000 medical, dental, and associated health professional schools, colleges, and university health centers. This affiliation program with academic medical centers results in about 100,000 health professions students receiving education and training at VAMC's each year.

During the past 10 years, there has been increased utilization of VA inpatient hospital care by older veterans reflecting both their greater number as well as their significantly higher hospital utilization rates. The percentage of the veteran population age 65 or older increased from 8 percent in 1977 to 18 percent in 1986. These older veterans use hospital services at a rate 3 to 4 times higher than younger veterans.

An older population experiences a different mix of diseases than does a younger population. Conditions such as coronary and circulatory systems disease, respiratory diseases, neoplasms, organic brain disorders, and musculoskeletal diseases are all more prevalent in those over 65. This group of diseases tends to be chronic, progressive, and degenerative in nature, and the damage these diseases cause is often permanent, requiring rehabilitation and/or long term care. Older individuals often have more than one chronic condition, further complicating their clinical management and increasing the demands they make on their source of care.

In addition to exerting pressure on inpatient hospital care, the aging veteran phenomenon or "geriatric imperative" is also affecting the need for outpatient care. This treatment modality is an integral part of the VA medical center effort to provide care for the aging veteran.

As might be expected, older veterans represent the majority of patients being cared for in VA, community, and State nursing homes. The proportion of patients who were 65 years and older in VA nursing homes in 1986 was 67.5 percent. The average daily census in community nursing homes increased 7.9 percent.

As in the case with other health care programs in the Nation, the VA is increasing the number and diversity of non-institutional extended care programs. The purpose is to facilitate independent living by making available the appropriate sustaining medical and human services. Such programs include Hospital Based Home Care, Adult Day Health Care, Psychiatric Day Treatment/Mental Hygiene Clinics, and Community Residential Care.

Over the past decade specific activities focused on the health needs of the older veteran have been developed, tested, and demonstrated in a variety of VA clinical settings, The two with the greatest potential for improving the care of older veterans are Geriatric Research, Education and Clinical Centers (GRECC's) and Geriatric Evaluation Units (GEU's).

GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS

The VA's Geriatric Research, Education and Clinical Centers (GRECC's) have, since 1975, provided a focus for development of innovative approaches to meeting the health needs of older veterans, have provided for integration of such approaches into practice in the system, and have provided training opportunities for all types of personnel involved in the care of older people. Ten GRECC's are currently in the VA system.

GERIATRIC EVALUATION UNITS

VA medical centers have also developed Geriatic Evaluation Units (GEU's) to provide comprehensive diagnosis, treatment, and discharge planning for elderly patients with multiple medical problems discovered during treatment in a hospital. There are currently more than 70 such programs in the VA system.

Coordination with the aging network under the Older Americans Act in the delivery of community-based care has been recognized by the VA as an important component in providing needed long-term medical and social services required by elderly veterans. The VA has, since its inception, been involved in the Administration on Aging's Consortium on information and Referral Services for Older People. The Agency, along with 13 other Federal and national nonprofit agencies, has entered into a Working Agreement with AoA to enhance those systems which provide information and referral services.

II. Geriatrics and Extended Care Programs

VA NURSING HOME CARE

The Nursing Home Care Units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and supervision, and rehabilitation services to attain and/or maintain optimal functioning.

In fiscal year 1986, 24,164 veterans were treated in VA nursing homes which had an average daily census of 10,474.

Two new nursing home care units were activated at VA Medical Centers Seattle, WA and Bronx, NY. These and other changes resulted in a net increase of 497 operating beds for a total of 11,509 beds at the end of fiscal year 1986 at 117 VA medical centers.

COMMUNITY NURSING HOME CARE

This community based program is a contract program for veterans who require skilled or intermediate nursing care when making a transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed 6 months. Selection of nursing homes for VA contract requries the prior assessment of participating facilities. Follow-up visits to veterans by teams from the VA medical centers are made to monitor patient programs and quality of care.

Fiscal year 1986 saw a moderate increase in community nursing home placements. During this year, 41,124 veterans were treated in the program. This represents a little over a 5-percent increase from fiscal year 1985. The number of nursing homes under contract was 3,400 in fiscal year 1986. The average daily census in these homes for fiscal year 1986 was 12,018.

Since April 1981 the VA has, through arrangements with States (coordinated with the Department of Health and Human Services), attempted to make maximum use of inspections conducted for Medicare or Medicaid, reducing the amount of time and duplication in the nursing home inspection efforts of the VA. Due to cutbacks in inspection efforts of some States, however, the VA medical centers must continue to conduct a full team inspection of certain nursing homes. While the general VA policy of greater reliance on State inspections continues, this policy can only be carried out where there is a strong State inspection foundation.

VA DOMICILIARY CARE

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by disease, injury, or age and are in need of care, but do not require hospitalization or the skilled nursing services of a nursing home.

Offering specialized interdisciplinary treatment programs designed to facilitate the rehabilitation of patients suffering from head trauma, stroke, mental illness, chronic alcoholism, heart disease and a wide range of other disabling conditions, the domiciliary with increasing frequency, is viewed as the treatment setting of choice for many older veterans.

Implementation of rehabilitation-oriented program directions has created a better quality of care and life for veterans requiring prolonged domiciliary care and has prepared increasing numbers of veterans for return to independent or semi-independent community living.

Special attention is being given to older veterans in domiciliaries with a focus on keeping them active and productive in the domiciliary as well as encouraging their utilization of senior centers and other resources in the community where the domiciliary is located. Patients at several domiciliaries are involved in senior center activities in the community as part of a focus on community intergration. Other specialized programs in which older veterans are involved include Foster Grandparents, Handyman Assistance to senior citizens in the community, and Adopt-a-Vet.

In fiscal year 1986, 13,265 veterans were treated in VA domiciliaries which had an average daily census of 5,767.

STATE HOME PROGRAM

The State Home Program has grown from 11 homes in 11 States in 1888 to 50 States Homes (one of which has three annexes) in 35 States. Currently a total of 18,646 beds are authorized to provide hospital, nursing home, and domiciliary care.

The VA's relationship to State Veterans' Homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States in providing care to veterans eligible for VA care who are furnished domiciliary, nursing home, or hospital care in State home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction or acquisition of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In fiscal year 1986, construction was started for Phase II of a new State home for New Jersey at Paramus, which will provide 240 additional nursing home beds. The $35.3 million obligated by the VA in fiscal year 1986 for construction and renovation projects also included a 100 bed nursing home in Rifle, CO, major domiciliary renovations at the California Veterans Home in Yountville, CA, and a new 250 bed nursing home at Claremore, OK.

PALLIATIVE CARE

The VA has developed programs which furnish palliative care, supportive counseling, and other medical services to terminally ill veterans, and supportive counseling to their families in various service settings. The hospice concept of care is generally incorporated in VA medical centers' approaches to the care of the terminally ill.

HOSPITAL BASED HOME CARE

This program provides primary medical care to veterans with chronic illnesses in their own homes. The family provides the necessary personal care under the coordinated supervision of a hospital based interdisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regimens, as well as the training of family members and the patient. Forty-nine VA medical centers are providing hospital based home care services. More acute beds in hospitals are made available by providing increased days of care in the home.

In fiscal year 1986, 229,675 home visits were made by health professionals. Over 12,138 patients were treated.

ADULT DAY HEALTH CARE

Adult Day Health Care (ADHC) is a therapeutically oriented ambulatory day program which provides health, maintenance, and rehabilitation services to veterans in a congregate setting during daytime hours. ADHC in the VA is a medical model of services, designed as a substitute for nursing home care, as established by Public Law 98-160. The VA continues to operate the five ADHC centers which were funded in fiscal year 1985 at VA medical centers Brooklyn, NY; Little Rock, AR; Miami, FL; Minneapolis, MN; and Portland, OR. In addition to the programs previously in operation at Butler, PA; North Chicago, IL; and Palo Alto, CA VA medical centers, one new ADHC at the Daytona Beach VA Outpatient Clinic was opened in fiscal year 1986.

COMMUNITY RESIDENTIAL CARE PROGRAM

The residential care home program provides residential care, including room, board, personal care, and general health care supervision, to veterans who do not require hospital or nursing home care but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program and annually thereafter. Care is provided in private homes selected by the VA, at the veteran's own expense. Veterans receive monthly follow-up visits from VA social workers and other health care professionals and are outpatients of the local VA facilities. In fiscal year 1986, an average daily census of 11,600 veterans was maintained in this program utilizing approximately 3,200 homes.

GERIATRIC EVALUATION UNITS

A Geriatric Evaluation Unit (GEU) is usually a group of beds (ranging typically in number from 4 to 20) set aside on Medical Service or an Intermediate Care ward of the hospital where an interdisciplinary health care team performs comprehensive geriatric assessments to improve the diagnosis, treatment, and placement of older patients who may have some remediable impairments, multiple chronic diseases, or psychosocial problems which need to be fully assessed. In addition to improving care for older patients and preventing their unnecessary institutionalization, a GEU provides geriatric training and research opportunities for physicians and other health care professionals in the medical center.

Results from a controlled randomized study of GEU efficacy conducted at the VA Medical Center Sepulveda, CA, show significant benefits associated with admission to the GEU, such as improved survival and rehospitalization rates, functional status, and living location.

Currently there are more than 70 Geriatric Evaluation Units in the VA medical system. The agency report, *Caring for the Older Veteran*, sets a goal of establishing GEU's in 70 percent of the VA medical centers by 1990 and in every VA medical center by the year 2000.

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS (GRECC'S)

The Geriatric Research, Education and Clinical Centers (GRECC's) play an important role in further developing the capability of the VA system to provide maximally effective and appropriate care to older veterans. First implemented in 1975, GRECC's are designed to enhance the system's capability in geriatrics by conducting integrated research, education, and clinical care. The purpose of the GRECC's is to develop new knowledge regarding aging and geriatrics, to disseminate that knowledge through education and training to health care professionals and students, and to develop and evaluate alternative models of geriatric care.

Each center has developed an integrated program of basic and applied research, education, training, and clinical care in selected areas of geriatrics. Current focal areas include cardiology, cognitive and motor dysfunction, endocrinology, geropharmacology, immunology, metabolism, and molecular biology of aging. Additional foci include oncology, neurobiology, neuroendocrinology, nutrition, and rheumatology.

At present there are 10 centers located at Va medical centers at Bedford/Brockton, West Roxbury, MA; Durham, NC; Gainesville, FL; Little Rock, AR; Minneapolis, MN; Palo Alto, CA; St. Louis, MI; Seattle/American Lake, WA; Sepulveda, CA; and West Los Angeles (Wadsworth), CA. Public Law 96-166, "Veterans Administration Health Care Amendments of 1985", increased from 15 to 25 the maximum number of facilities that the VA Administrator may designate. Thus, 15 additional centers are authorized for activation over the next several years if resources are available. Using an integrated approach, the GRECC's are developing practitioners, educators, and researchers to help meet the need for trained health care professionals in the field of geriatrics.

III. MEDICAL SERVICE

Medical Service physicians continue to serve as the primary care physicians for elderly patients in acute and intermediate medical wards, as well as in nursing homes and in ambulatory care settings. They also provide necessary subspecialty care in inpatient and outpatient settings in addition to participating in Geriatric Fellowship Training, GRECC's, Geriatric Evaluation Units (GEU's) and Hospital Based Home Care Senior Clinicians Programs. The specialized care required by the elderly has been recognized by Medical Services at 11 VA medical centers, which have designated Chiefs of Geriatric Medicine Sections emphasizing clinical care, as well as coordinating research and education efforts related to Geriatrics. 128 medical service physicians (4.8 percent) reported that they were involved in reseach in aging in fiscal year 1986.

Medical Service staff in Central Office have been active in implementing preventive strategies for the elderly including influenza and pneumococcal immunizations and physical fitness programs, targeted to the frail elderly and the physically handicapped of all ages. Special interest and involvement of medical service in geriatrics has resulted in continued encouragement of GEU's, internist participation in Adult Day Health Care, and in exploring nutritional problems and treatment of hypertension in the elderly.

IV. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

Mental Health and Behavioral Sciences Service continued to encourage the development of programs at the local medical centers to meet the needs of geriatric psychiatric veterans. During fiscal year 1985, approximately 23,699 veterans 65 years of age or older, diagnosed with mental disorders were discharged from VA medical centers. Census data for fiscal year 1985 reflect that of the patients with a psychiatric diagnosis who are age 65 and older, 33 percent are on psychiatric wards and 67 percent are on other wards, principally long-term medicine. (Corresponding statistics for 1986 are not currently available. However, it is anticipated that there will be no significant change for this time period.) Many other older psychiatric patients are in VA and commuity nursing home facilities, VA domiciliaries, and residential care homes.

The VA has recognized and is taking steps to foster the development of a full continuum of care for all geriatric patients as this segment of the veteran population grows. Within this context, planning initiatives to establish programs to meet the specific needs of geriatric psychiatric patients have emerged. Programs such as psychiatric nursing home care units, psychiatric night hospital programs and psychiatric community treatment teams are being explored as alternatives to inpatient care to meet the needs of geriatric psychiatric patients and other segments of the psychiatric patient populations.

Currently, all of the predominately psychiatric VA medical care facilities have dedicated psychiatric beds or wards to inpatient geriatric psychiatric/gero-psychiatric care. There are over 1,500 beds in the system dedicated to the care and treatment of this group of veterans.

Several psychiatric day treatment center programs have established separate tracks within the programs for geriatric patients.

Interdisciplinary team training to enhance the skills of our staff in the case and treatment of aged veterans is ongoing. Diagnostic evaluation units and bio-psychosocial rehabilitation units established at some of our medical centers to target more specialized treatment needs for the elderly continue to be developed and expanded.

Several of the VA's Geriatric Research, Education and Clinical Centers (GRECC's) are conducting research in geropsychiatry and providing education and treatment in these areas. The Boston Area GRECC, Bedford Division is conducting research on the relationships between alcoholism and aging and the clinical focus of this GRECC is behavioral changes in the elderly. The Palo Alto GRECC is conducting research on depression and the elderly and jointly funds and administers a post-doctoral training program for clinical and counseling psychologists with the National Institute of Mental Health. The Seattle Area GRECC, American Lake Division is evaluating clinical approaches to the diagnosis and treatment of behavioral disorders in the elderly patient. The Seattle Division of the GRECC has an inpatient geropsychiatry geriatric evaluation unit.

The Minneapolis GRECC has initiated a 5-year program-project funded by the National Institute on Aging to compare the progression of dementia in 200 patients with Alzheimer's disease and 250 patients with Parkinson's disease.

V. SOCIAL WORK SERVICE

Consistent with Congressional intent as expressed in Public Law 98-528 and DM&S policy guidance contained in Circular 10-85-78 (Coordination of VA Health Care Services with State and Local Programs), Social Work Service has continued to expand opportunities for increased collaboration with the community health and social services network at the Federal, State, and local levels. Community Services Coordinators have been appointed at all VA medical centers to promote the coordination, integration and development of VA and community services and resources to meet the needs of chronically ill, frail elderly veterans and to facilitate the development and expansion of joint planning, training, and service delivery initiatives with the Aging Network and other community agencies. Such initiatives, which have been encouraged through training conferences developed in coordination with National Association of Area Agencies on Aging and State Units on Aging, have demonstrated a systemwide capability and commitment to facilitiate the discharge of institutionalized frail elderly veterans to an appropriate level of care in the community; and to assist the community in developing an appropriate array of alternatives to institutional care for use by veterans and nonveterans alike.

The VA and ACTION are in the process of finalizing an agencywide agreement through which Senior Companion Program (SCP) volunteers will be utilized to provide services to older veterans in their own homes who otherwise might be inappropriately placed in acute or nursing home care beds. Professional supervision and administrative support to SCP volunteers will be provided through the coordinated involvement of Social Work Service, Voluntary Service and other Services as appropriate.

This initiative will enhance the VA's discharge planning and case management capability while providing employment opportunities for older, economically disadvantaged volunteers who will receive training in community services under VA and ACTION auspices.

Initiatives have been taken at the national and VAMC levels in support of the Disabled American Veterans' Older Veterans Assistance Program. National Service Officers will utilize the professional expertise of Social Work Service and community agencies at the local level to develop DAV funding proposals focused on improving access to support services for "at risk" veterans. Homeless veterans constitute another "at risk" category of which a significant number are elderly. VAMC Social work staff have visited local shelters and implemented procedures to identify eligible veterans and provide assistance services and assistance in obtaining benefits and services appropriate to their needs.

It is essential that veterans who are considered "at risk" of unnecessary institutional care and/or loss of health care gains be identified and assessed promptly to facilitate multidisciplinary treatment, discharge planning and the provision of case management services as appropriate. Social Work Service has developed the capacity to perform computer-supported screening of such "at risk" patients through the Decentralized Hospital Computer Program (DHCP) which is currently available for field implementation. Other software currently available for implementation includes modules for computer-supported case management tracking, an automated community resource file and a contract nursing home census and budget management system.

VI. Rehabilitation Research and Development

The Rehabilitation R&D program supported clinical research studies in the restoration of speech and hearing and rehabilitation treatment of neurological disorders and musculoskeletal disorders as related to aging. Rehabilitation R&D strategy in aging includes a three-pronged approach. The core of this effort revolves around continuation of aging related projects in the priority areas of prosthetics/amputation/orthotics, spinal cord injury and sensory aids. The second approach is the active solicitation of new and expanded proposals regarding geriatric rehabilitation R&D. These two approaches were reinforced by the continued development of a special Rehabilitation R&D Unit located at VA medical center, Decatur, GA, which has the assigned mission of concentrating its R&D efforts in programs directed to assisting the aging handicapped population.

In addition to the above efforts, the VA, in collaboration with National Institute of Handicapped Research (NIHR), National Aeronautics and Space Administration (NASA), National Institute on Aging (NIA), and Administration on Aging (AoA) under an interagency agreement, has worked to develop a wandering monitoring device to assist caregivers, family and institutions in monitoring the wandering of older persons. Under the same interagency agreement, priorities for the research and development of low vision aids have been identified and will be utilized in establishing VA Rehabilitation R&D priorities in this area.

VII. Rehabilitation Medicine Service

Key goals of Rehabilitation Medicine Service (RMS) in providing care to the elderly are to provide comprehensive assessment as well as stress the importance of evaluating functional and mental capacity and Activities of Daily Living performance. Through the use of physical agents and therapeutic modalities, the RMS team assists the patient in the attainment of treatment goals. The utilization of various therapeutic modalities and exercises, in conjunction with pharmacological agents, dietary planning and the interdisciplinary treatment team, provides for a more effective delivery of services and higher quality of care.

This concept is utilized by Rehabilitation Medicine Service as a realistic comprehensive approach in providing care to the geriatric veteran. Additionally, specialized programs continue to be implemented by the Rehabilitation Medicine Service in areas of care which include treatment in both inpatient and outpatient settings. Therapists are involved in research activities as well as developing and implementing programs specifically for the older veteran, including activity exercise classes, communty living skills training programs and relative support groups.

A significant number of RMS therapists have received advanced education and training in gerontology which focuses on new and successful treatment programs for the aging population.

VIII. NURSING SERVICE

Nursing care of the elderly veteran is a critical part of the Nursing Service mission and comprises the largest proportion of health services required by this age group. Recognizing the rapid increase in the number of aged veterans being admitted for care in all treatment modalities, concerned efforts are being made to provide strong leadership in the clinical, administrative, research, and educational components of nursing practice. Academic preparation is a high priority of Nursing Service to assure quality programs for treatment and rehabilitation of aged ill, disabled, and at risk veterans. While the demand for rehabilitation nurse specialists has been increasing, the supply has been diminishing over recent years, due primarily to reduction of nurse traineeship funds for graduate education in this specialty area. Recruitment of highly qualified professional nurses is an on-going priority. One hundred eighteen positions were funded by the clinical Nurse Specialist Program for masters level nursing students in either geriatrics/gerontological, rehabilitation or psychiatric/mental health nursing.

Executive development of nurse leaders in long-term care is provided though preceptorship training for the position of Associate Chief or Supervisor, Nursing Home Care. To date, 23 Supervisors of Nursing Home Care have been approved for the discretionary title of Associate Chief, Nursing Service for Nursing Home Care.

Nursing Service fully supports research related to all areas of nursing practice. The Gerontologic Nurse Fellowship Program, a long-standing Nursing Service initiative, was approved and implemented at VAMC Hines, IL, in October 1985. This 2-year program is at the doctoral level of study and requires a research study related to aging. It is the first of its kind nationwide and is in keeping with the Geriatric/Gerontological Advisory Group recommendation regarding the need for more research on aging by all professional services.

Nursing is making contributions in the areas of preventive care and health maintenance. Programs for the physically disabled and cognitively impaired have been established and are administered by nurses in home care, ambulatory care settings and in-patient units. Treatment programs are goal-directed toward physical and psychosocial reconditioning/retraining of patients with biological and psychosocial disturbances. Patient/family teaching is a major part of each program. Also, VA nurses are volunteering their services for health care planning for the elderly in the community-at-large through participation in self-help/support organizations related to specific diseases such as Alzheimer's, as advisors to local health planning councils, and through sharing of VA educational activities and research seminars with health care professionals.

IX. DIETETIC SERVICE

Nutrition is one facet of health care that impacts daily on the quality of life of older veterans in acute care, long-term care and community care settings. Recognizing the need for specializatin in the care of the elderly, geriatric specialist positions are being established. Their roles include identifying nutritional deficits, menu modification, education and facility planning. The elderly veterans' nutritional status is affected by such factors as change in nutrient requirements due to the aging process and co-existing chronic diseases; feeding and swallowing difficulties; change of social circumstances such as death of a spouse; financial limitations and emotional manifestations. These factors often lead to inadequate intakes of calcium, thiamin, riboflavin, vitamins A and C and calories.

As a member of the multidisciplinary team, the dietitian helps prepare the older veteran for transition to the community and identifies appropriate community nutrition programs. The community care nursing home and residential care programs are supported where resources permit.

Nutritional deficiencies have been identified as occurring frequently in veteran patients. Protein-energy malnutrition interferes with one's ability to recover from surgery, tolerate medical problems and may lead to unnecessary complications and a longer hospital stay. This problem is one that must be considered by all medical care personnel since it is often correctable. In addition, the legal and ethical aspects of withholding or withdrawing nutrition have been discussed. The Clinical Nutrition Advisory Group (CNAG) is addressing this and other special needs of the older veteran through its Geriatric Nutrition and Special Issues subcommittee.

X. VOLUNTARY SERVICE

In this 40th anniversary year of the Veterans Administration Voluntary Service program, community volunteers continue supplementing Agency staff by serving patients in VA medical facilities and community care settings in almost every facet of medical care and administrative support. Many of both groups are senior citizens.

Recruitment of volunteers for programs and assignments benefiting older veteran patients has been an integral part of the VA Voluntary Service program. This year Agency personnel became involved in two such ventures having great potential which began outside the VA. One is the Senior Companionship program. This joint venture with the ACTION agency provides low income older volunteers small stipends to visit homebound veterans and to assist them with their daily activities. A formal agreement between the VA and ACTION will be signed in the near future. The other endeavor is the Disabled American Veterans' Older Veterans Assistance Program. This effort, funded by DAV, encourages local DAV chapters to develop projects that meet the needs of the older veterans in their communities.

Regardless of where senior volunteers serve, they augment but do not replace medical center staff. By expanding and extending the numerous services provided patients, they improve the quality of care and services offered.

XI. Dentistry

Dentistry is an important component of any comprehensive health care program for the elderly. Freedom from pain is an important consideration at any age; and incidence of oral diseases, from periodontitis to cancer, increases significantly with advancing years. Many older people lose a sufficient number of teeth to interfere with effective mastication. Nutritional deficiencies and gastrointestinal problems are the usual result. Perhaps as important, the ability to enjoy a varied, interesting diet is compromised—a factor in quality of life. Similarly important, the integrity of the dental complex play a major role in facial appearance and in communicative skills.

The VA is pledged to "provide elderly veterans with a range of medical and health services that are designed to restore and/or maintain optimal levels of health, foster independent living, and improve overall quality of life." With this in mind, the VA Office of Dentistry is involved in a number of initiatives to cope with the dental health needs of the burgeoning numbers of older veterans.

The Dental Geriatric Fellowship Program is now in its fifth year of operation. The first five dentists who entered the VA Dental Geriatric Fellowship completed their 2-year program in June 1984. Anticipating their graduation, a plan was implemented whereby interested VA health care facilities submitted proposals outlining intended use of such uniquely trained individuals. Facilities with approved programs that successfully recruited a graduate received FTE and funding for their placement. All five of the initial class of fellows accepted appointments through this mechanism. Four of the five fellows who completed their program in June of 1986 are full-time or part-time VA staff. The employing stations are Brockton/West Roxbury, MA; San Antonio, TX; Sepulveda, CA; Lexington, KY; Portland, OR; Milwaukee, WI; Durham, NC; Minneapolis, MN; Boston/Bedford, MA; Gainesville, FL; Chicago (West Side), IL; Denver CO; Perry Point, MD.

Although their responsibilities vary, most of these newly placed geriatric dentists are developing clinical programs at several VA facilities within their medical district as well as establishing linkages with community and university endeavors. It is believed that the special effort to employ these individuals will allow evaluation of these geriatric dentistry programs and an opportunity to measure their contributions against the time and funding dedicated to the Fellowship Program itself. Early feedback is enthusiastic and positive.

Although there is a focus of interest directed at the Geriatric Fellowship Programs and the facilities that now employ a dentist especially trained in geriatrics, other VA dental facilities are not without their concerns and programs for the aging veterans. VA dental personnel at all levels are aware of the rapid aging of the veteran population. They all treat elderly patients on a daily basis and most facilities now have at least one dentist who has attended a continuing education course in geriatric dentistry or a course in hospital dentistry that emphasized special care for the elderly.

An area of particular concern to the Dental Service is the oral health needs of veteran patients in VA extended care facilities. Often frail, and medically, mentally, and functionally compromised, these patients also have extensive oral health needs thus presenting the greatest challenge for the dental staff. The Office of Dentistry has convened a Task Force charged with developing approaches that will enhance oral health services to this group of patients. The Task Force's recommendations have been formulated into a soon to be published Information Bulletin. The Bulletin will include guidelines for an interdisciplinary approach to the oral health needs of the long term care veteran patients.

The Office of Dentistry has initiated a training program for auxiliaries to give them additional clinical responsibilities that should be particularly helpful to the geriatric population. Dental assistants will be trained in preventive dentistry functions that will allow Dental Services in certain facilities to provide broadened oral health services to the long term care patient.

A collaborative project began in 1984 involving the National Institute on Aging (NIA), the National Institute for Dental Research (NIDR), and the Veterans Administration. It emerged from discussions among the Directors of the NIA and NIDR and the ACMD for Dentistry. They agreed to pursue a project that would produce three products: a research agenda for oral health and related problems in the elderly, a catalog of relevant resources and activities and an implementation plan that would recommend cooperative efforts between the three agencies in response to high priority research questions. A core staff and a Project Advisory Panel representing the three organizations have been appointed. The project is now in its final phase. The research agenda and catalog of resources have been published and distributed. In addition, the three organizations are reviewing the panel's recommendations of specific areas for collaboration.

The Office of Dentistry is now in the initial phase of project that will survey the oral health needs of patients in VA nursing homes. The results of the survey will be used to enhance the oral health program as well as to project present and future needs for manpower and other resources.

XII. HEALTH SYSTEMS RESEARCH AND DEVELOPMENT

The Health Systems Research and Development (HSR&D) Division of the Office of Planning, Evaluation and Systems Development supported many health services and systems research activities related to aging: to clarify options, estimate costs (organizational, human, economic) and provide information to make rational choices among decision alternatives. The importance that HSR&D attaches to the area of aging was illustrated in a special issue of the journal *Health Services Research (HSR)* devoted to "Care of the Aged: Veterans Administration Health Services Research and Development Results and their Implications for the Nation" (Volume 20, Part II) published in February 1986.

Each of the Division's three major program areas emphasized HSR&D in aging. The HSR&D Field Program, which implements the Division's mission nationwide and fosters integration of research with practice, continued to support locally initiated research projects related to aging. Locally initiated projects supported in 1986 addressed such areas as: the effects of expanding Hospital Based Home Care; long-term care institutional environments; outcome of nursing home referrals from geriatric versus other services; sexuality in Parkinson's disease; and the role of volunteers for noninstitutionalized elderly veterans. The Northwest Field Program's System Wide Resource on aging spearheaded agenda-setting and development of information syntheses on important pertinent topics.

Through the Special Projects Program, the Division collaborated with the Northwest Region's System-Wide Resources on Aging and the VA's Office of Geriatrics and Extended Care to complete design of a Congressionally mandated evaluation of the cost-effectiveness of adult day health care relative to nursing home care.

Approximately one-quarter of the Division's investigator-initiated research projects addressed issues of particular importance to our aging veterans. Projects supported included: developing and evaluating a computer-assisted geriatric record/planning system and an expert system for geriatric psychiatry; assessing cost-effectiveness of hospital based home care; quality of life in medical decisions and nutritional considerations for elderly patients; developing surveillance monitoring of elderly for adverse events in the hospital; and a study of interventions and impacts on falls in the elderly.

XIII. ACADEMIC AFFAIRS

All short- and long-range plans of the VA's Department of Medicine and Surgery that address health care needs of the Nation's growing population of elderly veterans include training activities supported by the Office of Academic Affairs (OAA). The training of health care professionals in the area of geriatrics/gerontology is a component of a variety of programs conducted at VA medical centers in collaboration with affiliated institutions. Work with geriatric patients is an integral part of the clinical experience of the nearly 100,000 health trainees including 25,000 resident physicians and 50,000 nursing and associated health students who train in VA medical centers each year as part of an affiliation agreement between the VA and nearly 1,000 health professional schools, colleges and university health science centers. Recognizing the challenges presented by the ever increasing size of the aging veteran population, the OAA has made great strides in promoting and coordinating multi- and interdisciplinary geriatric and gerontological programs in VA medical centers and in their affiliated academic institutions.

The Office of Academic Affairs, in the DM&S, supports geriatric education and training activities in the following special progams:

VA FELLOWSHIP PROGRAMS IN GERIATRICS FOR PHYSICIANS

The issue of whether or not geriatrics should be a separate medical speciality or a subspecialty has not been resolved, but the demand for physicans with special training in geriatrics and gerontology accelerates each year because of the rapidly advancing numbers of elderly veterans and aging Americans. The VA health care system offers clinical, rehabilitation, and followup patient care services, as well as education, research, and interdisciplinary programs that provide the support elements required for the training of physicians in geriatrics. This special training is being accomplished through the VA Fellowship Program in Geriatrics at VA medical centers affiliated with medical schools since 1978-79. The 12 initial training sites increased to 20 in 1986 after competitive reviews in 1984 and 1985. This program is designed to develop a cadre of physicians who are committed to clinical excellence and to becoming leaders of local and national geriatric medical programs. Their dedication to innovative and thorough geriatric patient care is expected to produce role models for medical students and for residents. The 2-year fellowship curriculum incorporates clinical, pharmacological, psychosocial, education, and research components related to the full continuum of treatment and health care of the elderly.

During the 8-year history, the program has attracted physicians with high quality academic and professional backgrounds in internal medicine, psychiatry, neurology, and family practice. Their genuine interest in the well-being of elderly veterans is apparent from high VA retention rate after completing 2 years of fellowship training. Many of the Fellows have published articles on geriatric topics in nationally recognized professional journals, and several Fellows have authored or edited books on geriatric medicine and medical ethics. The number of recipients of important awards and research grants increases each year.

As of June 1986, 128 Fellows had completed the program in 7 successive groups: 1980-8; 1981-12; 1982-16; 1983-19; 1984-23; 1985-22; and 1986-27. About 90 percent of the Fellowship graduates continue to practice geriatric medicine. About 50 percent remain in the VA system as full- or part-time employees. Close to 70 percent of all graduates hold academic appointments. The demand for physicians with special training in geriatrics increases each year, as evidenced by the multiple job offers received by the Fellows from VA medical centers, private corporations, and medical schools.

DENTIST GERIATRIC FELLOWSHIP PROGRAM

In July 1982, 2-year Dentist Geriatric Fellowship Programs commenced at 5 VA medical centers affiliated with schools of Dentistry. The goals of this program are similar to those described for the Physician Fellowship Program in Geriatrics. As of June 1986, 15 Dentist Fellows had completed the program, and groups of 5 dentists per year are expected to graduate in the foreseeable future. The VA has offered post fellowship employment to all graduates, and 13 (87 percent have been retained in the system. The alumni/ae of the Dentist Geriatric Fellowship Program serve in academically oriented positions mainly in VA district offices. Through the teaching and research of these academic dentist, the program has the capability of influencing geriatric dental health care far beyond the confines of the VA medical/dental systems.

INTERDISCIPLINARY TEAM TRAINING IN GERIATRICS

Interdisciplinary Team Training in Geriatrics (ITTG) is a systematic educational program designed to include didactic and clinical instruction for VA faculty practitioners and affiliated students from three or more health professions such as physicians, nurses, psychologists, social workers, physical and occupational therapists. The ITTG provides a structured approach to the delivery of health services by emphasizing the knowledge and skills needed to work in an interactive group. In addition, the program promotes an understanding of the roles and functions of other members of the team and how their collaborative contributions influence both the delivery and outcome of patient care.

The ITTG Program has been activated at 12 VA medical centers. Two sites, located at VA Medial Centers (VAMC's) Portland, OR, and Sepulveda, CA were designated in 1979. Three additional VA sites at Little Rock, AR; Palo Alto, CA; and Salt Lake City, UT, were selected in 1980; and VAMC's Buffalo, NY; Madison, WI; Coatesville, PA; and Birmingham, AL, were approved in 1982. In the spring of 1983, three sites were selected at VAMC's Tucson, AR; Memphis, TN; and Tampa, FL.

The purposes of the ITTG program are to develop a cadre of health practitioners with the knowledge and competencies required to provide interdisciplinary team care to meet the wide spectrum of health care and service needs of the aged veteran; to provide leadership in interdisciplinary team delivery and training to other VA medical centers; and to provide role models for affiliated students in medical and associated health disciplines. Training includes the teaching of staff and students about the aging process; instruction in team teaching and group process skills for clinical core staff; and clinical experiences in team care for affiliated education students with the core team serving as role models. During fiscal year 1986, 195 students were provided funding support at the 12 model ITTG sites.

CLINICAL NURSE SPECIALIST

Clinical nurse training is another facet of VA education programing in geriatrics. The need for specially trained graduate level clinical nurse specialists is evidenced by the sophisticated level of care needed by the VA patient population, specifically in the area of geriatrics. Advanced nurse training is a high priority within the VA because of the shortage of such nursing specialists who are capable of assuming positions in specialized care and leadership. The Clinical Nurse Specialist Program was established in 1981 to attract clinical specilist students to the VA and to help meet recruitment needs in the VA priority areas of geriatrics, rehabilitation, psychiatric/mental health, all of which impact on the care of the elderly veteran. Direct funding support is provided to master's level nurse specialists students for their clinical practicum at the VA medical centers affiliated with the academic institutions in which they are enrolled. In fiscal year 1986, 118 master's level clinical nurse specialist student positions were supported at 29 VA medical centers; 43 in geriatrics; 7 in rehabilitation; and 68 in psychiatric mental/health.

VA GERONTOLOGIC NURSE FELLOWSHIP PROGRAM

The Gerontologic Nurse Fellowship Program is designed to prepare expert geriatric nurse practitioners, educators, administrators, and researchers for leadership positions in long term care for the aging veteran population. The program is a 2-year fellowship for graduate nursing students enrolled in qualified doctoral level nursing programs. During fiscal year 1985, 25 VA medical centers were invited to submit proposals for consideration as fellowship sites. Following a review by an ad hoc committee, VAMC Hines, IL, was selected as the first fellowship site. Future plans for this program call for a second VAMC site and a total of four fellows, i.e., a first and second-year fellow at each site.

It is expected that one student will be appointed at VAMC Hines at the beginning of each fiscal year for a period of 1 year. A reappointment for 1 additional year is possible, if the first year's performance evaluation is satisfactory. It is anticipated that at least half of the participants who complete this VA Fellowship will be recruited within the VA system.

EXPANSION FOR ASSOCIATED HEALTH IN GERIATRICS

A special priority for geriatric education and training is recognized in the allocation of associated health training positions and funding support to VA medical centers hosting Geriatric Research, Education and Clinical Centers (GRECC's), and to VA medical centers that offer specific educational and clinical programs for the care of older veterans. In fiscal year 1986, a total of 103 associated health students received funding support at 47 VA facilities in the following disciplines: Social Work, Psychology; Optometry; Audiology/Speech Pathology; Clinical Pharmacy; Clinical Nurse Specialist; Occupational Therapy.

EXPANSION FOR MEDICAL AND DENTAL RESIDENTS IN GERIATRICS

In order to expand the involvement of medical and dental residents in the case of older veterans, a specially funded program for geriatric education and training was initiated in fiscal year 1983. This program provides residency positions and funds to VA medical centers hosting Geriatric Research, Education and Clinical Centers (GRECC's) and to VA medical centers that provide specific clinical programs and training experiences for the care of geriatric patients.

In fiscal year 1986-87, 105 medical and dental positions were approved at about 52 VA facilities. The primary purpose of the program is to provide education and training for residents in the assessment, treatment, and rehabilitation of the older veteran.

CONTINUING EDUCATION

In support of the VA's mission to provide health care to the aging veteran population, education and training continues to be offered to enhance VA medical center staff skills in the area of geriatrics. These educational activities are designed to respond to the needs of VA health care personnel throughout the entire Department of Medicine and Surgery.

Annually, PIT (Postgraduate and In-Service Training) funds are distributed to two levels of the organization for support of continuing education activities in priority areas.

First.—Program 813 funds are provided to each of the VA medical centers to meet the continuing education needs of its employees. Approximately $125,000 of facility-oriented moneys supported training activities in geriatrics during fiscal year 1986. VACO also allocates funds for VAMC-Initiated programs to allow health care facilities, with assistance from a RMEC (Regional Medical Education Center), to conduct education programs within the hospital to meet locally identified training needs. Approximately $21,000 of VAMC Initiated funds were used to support 30 separate activities.

Second.—Continuing Education Field Units, which include seven Regional Medical Education Centers (RMEC's), eight Cooperative Health Education Programs (CHEP's), two Dental Education Centers (DEC's), and the Continuing Education Center (CEC) meet education needs by conducting programs at the regional and local medical center level. Examples of recent programs are:

—Physical Assessment of Geriatric Patients
—Geriatric Assessment for Dentistry
—Issues in Management of Aging Veteran
—Alzheimer's Disease Assessment and Management
—Drug Problems in the Elderly
—Geriatric Evaluation and Rehabilitation
—Geriatric Internal Medicine
—Nutritional Status of Elderly
—Long Term Care Geropsychiatric Patient

RMEC programs are also conducted in cooperation with the Geriatric Research, Education, and Clinical Centers (GRECC's) which received $158,000 in (PIT) funds to support their identified needs. This collaborative effort ensures the efficient use of existing resources to meet the increasing demands for training in geriatrics/gerontology. For example, the GRECC's have met some of the training needs identified by RMEC's and RMEC's have utilized GRECC staff as faculty for their programs.

During fiscal year 1986, the Continuing Education Field Units conducted 293 education activities in the area of geriatrics which were attended by approximately 9,200 VA participants and 3,000 non-VA participants.

HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM

The purpose of the Scholarship Program is to assist in providing an adequate supply of nurses and other Title 38 health care professionals for VA and the Nation. Current scholarship students are in accredited baccalaureate nursing degree programs or master's nursing degree programs in specialties needed by the VA. There were 122 awards made for students in master's degree programs from 1982 through 1985; 21 percent (N=24) were in geriatric/gerontology nursing programs. Recipients are obligated to serve a minimum of 2 years as registered nurses in VA medical centers. Thirteen of the 24 recipients have completed degree requirements and are serving in 12 VA medical centers.

LEARNING RESOURCES

The widespread education and training activities in geriatrics have generated a broad spectrum of requirements for learning resources throughout the VA system. Local Library Services performed hundreds of on-line searches on data bases such as AGELINE (available through Bibliographic Retrieval Services), and continue to add books, journals, and audiovisuals (AV's) on topics related to geriatrics and aging. One such title *Survey on Aging Veterans*, was delivered from VACO to 175 health care facilities. Multiple copies of 5 AV programs were made available nationwide for VA staff use through the VA Software Delivery System. The VACO Library continues to expand its collection of books, AV's, and journals concerning aging and geriatrics.

XIV. DEPARTMENT OF VETERANS BENEFITS

COMPENSATION AND PENSIONS PROGRAMS

Disability and survivor benefits such as pension, compensation, and dependency and indemnity compensation administered by the Department of Veterans Benefits provide all, or part, of the income for 1,710,103 persons age 65 or older. This total includes 1,104,075 veterans, 557,274 surviving spouses, 442,399 mothers, and 6,355 fathers.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provided for a restructured pension program. Under this program, eligible veterans receive a level of support meeting the national standard of need. Pensioners generally receive benefits equal to the difference between their annual income from other sources and the appropriate income standard.

This Act provides for a $1,329 increase in the applicable income standard for veterans of World War I or the Mexican border period. This provision was in acknowledgement of the special needs of our older veterans. Pensioners receiving benefits under the prior program were provided the opportunity to elect to receive benefits under the new program.

VETERANS ASSISTANCE SERVICE

Veterans Services Division personnel maintain liaison with nursing homes, senior citizen homes, and senior citizen centers in regional office areas. Locations are visited as the need arises. Appropriate pamphlets and applications forms are provided to personnel at these homes during visits and frequent use of regular mailings. State and Area Agencies on Aging (AAA) have been identified and are provided information on VA benefits and services through workshops and training sessions.

Veterans Assistance Service represents the Department of Veterans Benefits on the Interagency Information and Referral Consortium. The consortium seeks to stimulate the development and strengthen I&R network systems through the cooperative and coordinated efforts of Federal and other public agencies, selected national voluntary organizations, and the private sector.

The Veterans Assistance Service exhibit, "Veterans Benefits for Older Americans," highlights, by pictures and accompanying text, the various benefits explained in the pamphlet of the same title (VA Pamphlet 27-80-2). The exhibit, designed to convey the Veterans Administration's concern with the aging veteran population, has been displayed extensively at meetings addressing problems of aging. The pamphlet was given wide distribution at the President's Committee on Employment of the Handicapped and the National Council on Aging conferences, and by information and referral representatives at field stations.

With the cooperation of a major veteran's service organization, Veterans Assistance Service continues a program of providing World War I veterans and surviving spouses with information and claims processing assistance on existing VA benefits and services. Every veteran or widow/widower responding to a notice in the organization's publication is contacted for the purpose of reviewing present entitlement to new or increased benefits.

An outreach program of service to homeless veterans, to include those who are elderly and ill, has been initiated by DVB in cooperation with DM&S Social Work Service (SWS) and Vet Center Team Leaders.

OLDER VETERANS PROGRAMS

The programs administered by the Department of Veterans Benefits are a major element in the coordinated planning for the future needs of the aging veteran population. DVB income enhancement programs are directly related to the overall quality of life for the older person.

Several specific DVB programs support the overall response to the older veteran's needs. Compensation and Pension, although only two of a number of benefits administered by DVB, have great importance when the goal is the standard of living for the older veteran.

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